



Fredericksburg Area Association of REALTORS®

2050 Gordon W. Shelton Blvd.

Fredericksburg, VA 22401

Phone: 540-373-7711

FAX: 540-736-0301

APPLICATION FOR MEMBERSHIP

I, _____, hereby apply for **Primary** _____ **Secondary** _____ REALTOR® membership in the above named Association, and enclose my payment in the amount of \$_____. In the event my application is approved, I agree as a condition to membership to complete the indoctrination and ethics courses of the above named Association, if any, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the State Association and the National Association; and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations and duty to arbitrate, all as from time to time amended. Finally, I consent that and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending the Board of Directors may condition renewal of membership upon the applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been previously established as due and payable, in relation thereto, provided that they award and such cost have not, in the interim, been otherwise satisfied.

I hereby submit the following information for your consideration:

License Type: Broker Salesperson Licensed Appraiser Other

Name as shown on License: _____

Nickname/DBA _____

License Number: _____ Expiration Date: ____/____/____

FIRM NAME: _____

FIRM ADDRESS: _____

FIRM PHONE #: _____ FIRM FAX #: _____

HOME PHONE #: _____ CELL PHONE #: _____

ALLOW TEXT MESSAGES? YES NO

EMAIL ADDRESS: _____

HOME ADDRESS: _____

SPOUSE'S NAME: _____





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Which of the following best describes your position in the office:

- Independent Contractor Employee

Date started in the real estate business: _____/_____/_____

On what basis are you engaged in the real estate business? Full time Part time

Highest Level of Education:

- Grammar School High School College, No degree College Degree
 Graduate School, No degree Graduate Degree

Indicate your main field of study:

- Real Estate Business Marketing Finance Economics
 Management Law Accounting Education Engineering
 Liberal Arts Agriculture Social Science Medicine Communications
 Fine Arts Phys. Science Other

Are you or have you been a member of any REALTOR® Association? YES NO If yes, state name(s) of other Association(s), type(s) of membership held, and date(s) of membership:

Do you hold, or have you ever held, a real estate license in any other state? YES NO If yes, specify when and where:

Have you ever been refused membership in any other real estate association? YES NO If yes, state basis for such refusal and circumstances related thereto:

Has your real estate license, in this or any other state, been suspended or revoked? YES NO

If yes, specify the place(s) and date(s) of such action, and detail the circumstance relating thereto:

Have you ever been convicted of a felony? YES NO If yes, give details:

Do you speak any additional languages? Please list _____





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FOR PRINCIPAL BROKERS ONLY

Name of Firm: _____

Indicate if Firm is: Individual DBA Partnership Corporation

Does your office comply with zoning requirements for its location? YES NO

Is the office in a Business Zone? YES NO

Office/Branch Office License #: _____

State name of each other Principal, Partner, Corporate Officer, or Trustee of your firm: (GIVE THE NAMES OF SENIOR PARTNERS OR OFFICERS FIRST)

Is the Office Address, as states, your principal place of business? YES NO If not, please give principal address:

_____ Give name of

Institution(s) in which you maintain your escrow or trustee account:

_____ Are there now, or

have there been within the past five years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government?

YES NO

If yes, specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.

Are you involved in any pending bankruptcy or insolvency proceedings? YES NO

FOR ALL APPLICANTS

PLEASE NOTE: As of 1998, the Fredericksburg Area Association of REALTORS®, added to its bylaws, additional qualifications for membership that have weight in granting membership.

Section 2(c) Qualification for Membership: The Association will consider the following in determining an applicant's qualification for REALTOR® membership: 1. All final findings of Code of Ethics violations and violations of other membership duties in any other association within the past three (3) years. 2. Pending ethics complaints (or hearings) 3. Unsatisfied discipline pending 4. Pending arbitration requests (or hearings) 5. Unpaid arbitration or unpaid financial obligations to any other association or association MLS.

By initialing, I acknowledge that this disclosure becomes part of my application for membership. Applicant's Initials: _____





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I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time are established. In addition, I understand that I must complete orientation and ethics requirements or be dropped from membership consideration after two notifications. If dropped from membership consideration all fees paid by me will be forfeited.

Photo release: I hereby consent to the taking of photographs or videos at FAAR events and functions. I also grant to the right to edit, use, and reuse said products for use in print, on the internet, and all other forms of media. I also hereby release FAAR and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Date: _____ 20____ **Signature of Applicant:** _____

Endorsement: I, the undersigned, a member in good standing in the Fredericksburg Area Association of REALTORS®, herewith certify that the applicant will be with my firm as _____ Sales Associate, _____ Associate Broker, _____ Other (please specify).

I do herewith endorse said applicant's membership in the Fredericksburg Area Association of REALTORS® and further certify that applicant is working in my office.

Date: _____ 20____ **Signature of Broker:** _____

Firm: _____

Methods of Payment: Check Money Order MasterCard VISA American Express

Credit Card #: _____

Expiration Date: _____ **CVC# (3 digits on back of card above signature):** _____

Billing Zip Code: _____ **Total Amount:** _____

Authorized Signature: _____

FOR BOARD USE ONLY

FEES: APPLICATION FEE: _____ Total Paid: _____

LOCAL DUES: _____ Check Number: _____

VAR DUES: _____ Date of Check: _____

NAR DUES: _____ Date Application Received: _____

RPAC Contribution: _____ Member #: _____

TOTAL: _____ NRDS #: _____

