

2012 Application For REALTOR® Membership

First (as appears on your license) Initial Last			SCCAR Official Use Only	
N A M E			NRDS# _____ AmMe _____ Inv _____	
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nickname (optional)	OL _____ NMO _____ O# _____	
Brokerage Name			City	
Real Estate License Number <input type="checkbox"/> Salesperson <input type="checkbox"/> Designated Broker + _____ <input type="checkbox"/> Associate Broker		Attach a copy of your license If your license is pending please fax a copy after received		How Long Have You Been Licensed? Date Joined Firm

Home Address		City	Zip
Email Address			
Preferred Mailing Address	<input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Home	Home Phone Number ()	Mobile/Cellular Number ()
Preferred Phone			
Preferred Fax			
Office Extension Number	Birth Date ____ / ____ / ____	New Member Orientations will be held quarterly	

Specialization: Select ONE <input type="checkbox"/> Residential (100) <input type="checkbox"/> Commercial (<input type="checkbox"/> Property Management <input type="checkbox"/> Land			
Have you completed 3 hours of REALTOR® Code of Ethics training? <input type="checkbox"/> Yes <input type="checkbox"/> No (see www.sccar.com for a list of approved courses)			
Date	Course #	Sponsor #	School
If you have been a member of an Association of REALTORS® Where: _____ When: _____ to _____ What is your NRDS # _____			Are your dues paid for the current year? <input type="checkbox"/> No <input type="checkbox"/> Yes
Letter of Good Standing from the above named Association is/was: <input type="checkbox"/> Attached, <input type="checkbox"/> In the mail, <input type="checkbox"/> Requested on ____/____/____. (letter must state membership status dates, latest REALTOR® Code of Ethics date, and your NRDS Number)			
Have you had, within the past three years, record of official sanctions involving violations of (1) Civil rights laws, (2) Real estate license laws, or (3) Other laws?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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TO: Directors of the Snohomish County-Camano Association of REALTORS® (SCCAR):

I, _____, hereby apply for REALTOR® membership in the Association and enclose payment in the amount of \$_____. When my application is approved, I agree as a condition of membership to: 1) complete the orientation course of SCCAR within sixty (60)days; 2) complete a course on the Code of Ethics of the National Association of REALTORS® (NAR) within **one** year and every four year period thereafter; and, 3) familiarize myself with the By-laws of SCCAR, the Washington Association of REALTORS® (WR) and NAR. I further agree that my act of paying dues shall be evidence of my initial and continuing commitment to abide by the aforementioned Code of Ethics, By-Laws, Rules and Regulations, and duty to arbitrate. The Association, through its Membership Committee or otherwise, may invite and receive information and comments about me from any member or other person. I agree that any information and comments 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 petition by me for slander, libel, or defamation of character.

NOTE: Applicant acknowledges that if registered 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 abide by the decision of the Hearing Panel; and/or comply with any previous award in arbitration. Applicant also acknowledges that affiliating his/her real estate license with a non-member brokerage firm constitutes a breach of the terms of REALTOR® membership according to Association By-laws, and that such REALTOR® membership, with all its benefits and services, thereby terminates.

Signature of Applicant Date

REALTOR® dues are \$495 a year. This amount includes your payments to the local, state and National Association of REALTORS®. (Note: according to IRS rulings, a portion of your dues is *not* tax deductible. See the schedule below for estimated non-deductible amounts, shown in () parentheses.) If you are a new member, please include your **full** payment, including the \$50.00 application fee. Once paid, membership dues are not refundable.

Transfer of REALTOR® Membership. REALTORS® who have paid their current year dues at another Association of REALTORS® and have attached a letter of good-standing to this application will qualify for a reduced amount which will exclude State and/or National REALTOR® dues.

Member Fees: Application Fee - \$50.00*

Schedule of new member pro-rated dues, which includes a one-time application fee of \$50.00

1 st Qtr	Dues	Not Deductible	2 nd Qtr	Dues	Not Deductible	3 rd Qtr	Dues	Not Deductible	4 th Qtr	Dues	Not Deductible
Jan	\$545.00	(\$176)	Apr	\$430.00	(\$132)	Jul	\$315.00	(\$88)	Oct	\$200.00	(\$44)
Feb	\$507.00	(\$162)	May	\$392.00	(\$118)	Aug	\$277.00	(\$74)	Nov	\$162.00	(\$30)
Mar	\$468.00	(\$147)	Jun	\$353.00	(\$103)	Sep	\$238.00	(\$59)	Dec	\$123.00	(\$15)

REALTOR® Dues Payment:

1. My check # _____ in the amount of \$_____ is enclosed.
2. Please charge my [] Visa [] MC in an amount equal to the above dues amount. \$_____ (credit cards will **only** be accepted for the entire balance)

_____ Exp _____ Signature _____

Your REALTOR® membership and benefits will be activated when your dues are paid in full.

SCCAR Use only	
NRDS# _____	Name _____
Date Processed ____/____/____	\$ _____ EC# _____ (or) Approval# _____