



APPLICATION FOR REALTOR® MEMBERSHIP

Bastrop County ASSOCIATION OF REALTORS®
MEMBERSHIP APPLICATION

I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$ _____ (may include an application fee) payable to Association of REALTORS®. My application fee and dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

** Mandatory Information for membership per National Association of REALTORS® and/or Texas Association of REALTORS®

SECTION A: REALTOR® MEMBERSHIP Membership Type [] Primary [] Secondary

Name: [] Mr [] Mrs [] Ms _____

Type of License: [] Broker [] Sales Agent Real Estate License # _____

Corporation or LLC License # _____ Other Real Estate License # _____

Licensed/certified appraiser: [] Yes [] No Appraisal License # _____

Office Name: _____ Broker Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

**Applicant E-Mail: _____

**Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____ Cell: _____

Personal E-Mail: _____

Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office [] Cell

Are you currently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: _____

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association, when, and type of membership held: _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____ and last date (year) of completion of NAR's Code of Ethics training requirement: _____.

Have you ever been refused membership in any other Association of REALTORS®? Yes No

If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Is the Office Address, as stated, your principal place of business? Yes No

If not, or if you have any branch offices, please indicate and give address : _____

Do you hold, or have you ever held, a real estate license in any other state? Yes No

If so, where: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years?

Yes No If yes, provide details: _____

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. Yes No If yes, provide details as an attachment:

****Field of Business (Specialties): please check all that apply**

Residential Commercial Resort International Other: _____

Are you a principal, partner, corporate officer, branch office manager or licensed/certified appraiser?

Yes No **If yes, proceed to section B to complete this application.**

SECTION B: FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm: _____

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 further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE: Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.**

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____ Date: _____

Authorization for Credit Card payment for Membership dues:

PLEASE PRINT

Mr. Mrs. Ms. _____
First Name Last Name

Real Estate License #: _____

Credit Card (check one)
 Visa Master Card American Express

Card #: _____

Name of cardholder: _____

Expiration date: _____

I authorize TAR to charge my credit card for \$ _____

Signature: _____

Today's Date: _____

Complete and return membership application to:

**If paying by credit card:
Texas Association of REALTORS®
Fax 512-370-2390
Attn: MBM Department**

**If paying by check or money order:
Texas Association of REALTORS®
PO Box 2246
Austin, TX 78768
Attn: MBM Department**