



**Application for REALTOR® Membership for  
CENTRAL ARIZONA BOARD OF REALTORS®**

I hereby apply for REALTOR® Membership in the Central Arizona Board of REALTORS® and am enclosing my payment for application fees, CABR dues, and MLS fees. 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 in person orientation within 90 days, not be completed within timeframe established in the Association's bylaws. Initial here. 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. Initial here**

Note: Dues are prorated based on month joining. If a Primary Membership, State and National dues will be added, if not previously paid within the calendar year. MLS Membership fees are additional.

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ NRDS# \_\_\_\_\_

Real Estate License #: \_\_\_\_\_ (Please include a copy of your license)

Licensed/certified appraiser:  Yes  No Appraisal License #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred Mailing:  Home  Office

Preferred Phone:  Home  Cell  Office Preferred Fax:  Home  Office

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

If yes, name of Association and type of membership held: \_\_\_\_\_ (Provide a letter of good standing)

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

If yes, name of Association 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 Do you have a record of a recent or pending bankruptcy?  Yes  No (If yes, attach details.)

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

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 established. **NOTE:** Payments to the Central Arizona Board 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 and 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.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Optional Information:

Date of Birth: \_\_\_\_\_

Specialty:  Residential  Commercial  Resort  International  Other: \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_

Number of years engaged in the real estate or your specific area of business: \_\_\_\_\_

Why did you choose real estate (or appraising) for your profession? \_\_\_\_\_  
\_\_\_\_\_

What factors led you to the decision to join the Central Arizona Board of REALTORS®, Inc. \_\_\_\_\_  
\_\_\_\_\_

Tell us a couple things you would like the Board to know about you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you involved in the community in any way – service clubs, committee participation, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in serving on a Committee or the Board of Directors?  Yes  No

If yes, what are your interests? \_\_\_\_\_

**Are you a principal, partner, corporate officer or branch office manager?**  Yes  No

**If YES, you must also complete the 3<sup>rd</sup> page of this application.**

**DESIGNATED BROKER/BRANCH MANAGER APPLICATION FOR REALTOR® MEMBERSHIP**

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

Your position:  Principal  Partner  Corporate Officer  Branch Office Manager

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:

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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:

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

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Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

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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. If yes, provide details:

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Dated: \_\_\_\_\_

Signature: \_\_\_\_\_