



CAPITAL AREA ASSOCIATION OF REALTORS®



3149 Robbins Road • Springfield, IL 62704 • Phone 698-7000 • Fax 698-7009

Application for REALTOR® Membership

I hereby apply for REALTOR® membership with the Capital Area Association of REALTORS®. Enclosed is my NON-REFUNDABLE application fee of \$600.00. Also, enclosed is my prorated NON-REFUNDABLE annual membership dues of \$ _____.

SECTION I

Name of applicant _____ Date of Birth _____

Name as you want it to appear on roster _____

Name of firm _____ Office # _____

Position with firm: ☐ Principal ☐ Partner ☐ Corporate Officer
☐ Office Manager ☐ Employee ☐ Independent Contractor
☐ Other _____ (If "other" explain)

Office Address _____ Off. Phone# _____
(Street) (Town) (Zip)

Home Address _____ Home Phone# _____
(Street) (Town) (Zip)

Cellular Phone# _____ Main Contact Phone# to list in MLS _____

E-Mail Address _____

License Number: _____ ☐ Broker ☐ Licensed Appraiser
☐ Managing Broker ☐ Certified Residential Appraiser
☐ Other ☐ Certified General Appraiser

Have you held, or do you hold, membership in another Board/Association of REALTORS®? ☐ Yes ☐ No
If yes, list name _____.

Have you ever been refused membership in another Board/Association of REALTORS®? ☐ Yes ☐ No

Please list any professional real estate designation(s) you hold: _____

How long have you been associated with your office? _____

The below undersigned applicant understands that by providing the association with the applicant's mailing address(es), email address(es), telephone number(s), and fax number(s), applicant consents to receive communications, advertisements and solicitations sent by or on behalf of the Capital Area Association of REALTORS®, its subsidiaries and affiliates, namely the Illinois Association of REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s) provided.

In the event my application is approved, I agree to complete the orientation course of the Capital Area Association of REALTORS® and 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 Constitutions, Bylaws and Rules and Regulations of the Capital Area Association of REALTORS®, the Illinois Association of REALTORS®, and the National Association of REALTORS®, 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, and 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 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 any subsequent 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 a new membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Orientation Policy. The orientation course is a one and a half-day session held once every quarter (typically in January, April, July and October). You must successfully complete this course or you will NOT qualify for REALTOR® membership. It is the applicant's responsibility to inquire about the dates and times of orientation. Completion of the orientation course must take place within the first two scheduled orientation programs offered after your application has been approved by the Board of Directors. Individuals failing to complete the orientation course within the required time-frame will be dropped from membership. To rejoin at a later date you would be required to submit a newly completed application and payment of all applicable dues and fees.

I certify that in signing this application all information provided is true and correct and I authorize the Association through its representatives to make such investigation as may be considered necessary to verify the statements herein made by me. I further grant my permission for the Association to obtain a credit report prior to my appointment to membership and this shall not form the basis of any action by me for liable, slander or defamation of character. I agree to pay the established fees as are due and payable, due on or before December 1 of each year, as long as I remain a member of this Association.

I understand the orientation requirement and agree to attend one of the next two orientation programs offered which may include successful completion of a non-discriminatory written examination as a prerequisite to my acceptance to membership.

Dated: _____, 20 ____

Signed: _____

(Applicant)

Only applicants for REALTOR® membership who are principals, partners, corporate officers, or individuals in positions of management control on behalf of individuals who are not physically present and engaged in the real estate profession in connection with the firm's office located within the jurisdiction of the Association (e.g., branch office managers) must complete Section II. [ALL OTHER APPLICANTS SHOULD PROCEED TO SECTION III]

SECTION II

State the names and titles of all other principals, partners, or corporate officers of your firm.

_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)

Is the Office Address, as stated in Section I, your principal place of business? ☐ Yes ☐ No

List the name and addresses of all branch offices or other real estate firms in which you are a principal, partner or corporate officer:

_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)

Name of institution(s) in which you maintain your escrow or trustee account (if held by a third party please indicate):

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? (If yes, on a separate attachment please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto). ☐ Yes ☐ No

NOTE: If the answer to the previous question is yes applicant acknowledges that the Association may require as a condition of membership that the bankrupt applicant pay cash in advance for Association MLS fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

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, may be grounds for revocation of my membership if granted.

Signed: _____
(Applicant)

Signed _____
(MANAGING BROKER)

October 22 (1:00-5:00 pm) & 23 (8:30 am - 5:00 pm)

Orientation:

ARM 01/14

Multiple Listing Service Activation Form

PASSWORD _____
(4 digits - numbers only)

Home Phone No. _____

TO MLS MANAGER:

Please begin MLS services for

Effective _____
(Date)

Signature of MLS Member
(Designated REALTOR®/Managing Broker)