

DAR REALTOR® Application

To receive the many benefits and services available through the industry's foremost trade group, I hereby apply for REALTOR® membership in the DeKalb Association of REALTORS® and enclose my payment for dues, prorated according to the month of joining. In the event of my election, I agree to the following:

- Abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate disputes.
- Abide by the Constitution, Bylaws and Rules and Regulations of the DeKalb, Georgia, and National Association of REALTORS®.
- If required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- Complete Orientation, if required, within the time frame established in the Bylaws.
- Complete periodic Code of Ethics training as specified in the Bylaws.
- Notify the DeKalb Association upon changes in e-mail or mail address or phone number.
- Notify the DeKalb Association upon change in Brokerage affiliation.

NOTE: Applicant acknowledges that, if accepted as a member and he/she subsequently resigns from the Association 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®.

Are you using the Payment Plan? Yes No **Unless Yes is selected, the full amount will be due.**

BY CHECKING THIS BOX, I authorize my enrollment in the Payment Plan, understanding and agreeing to the below described. If you are a REALTOR® member and your primary membership is held with DeKalb REALTORS®, you have the option to participate in a new member payment plan. Your 1st installment will include the \$30 application fee. The membership fees are divided into 4 installments.

Terms: In signing up for the payment plan, you authorize DeKalb REALTORS® to charge your credit/debit card account for your membership fees in four (4) consecutive monthly installments. Should any installment payment decline, you will automatically be removed from the payment plan and the balance will be due in full at that time. A credit or debit card is required to participate and the same card must be used for all four (4) payments.

NOTE: all payments are non-refundable.

Payment Information: I authorize payment total according to the published proration chart for current year fees. *(See chart on following page)*

I understand I must sign up each year for the current year's payment plan.

Select Card:

- VISA MasterCard American Express Discover

Card Number: _____ CVV Code: _____

Expiration Date: _____

Name on Card: _____

Billing address, if different from mailing address: _____

City _____ State _____ Zip _____

PAYMENT BY CHECK OPTION

Make checks payable to: **DeKalb REALTORS®**

Payment in full of \$ _____ Check # _____

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 Association, I shall pay the fees and dues as from time to time established. I have read and fully understand the contents of this application.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any, may contact me at the specified address, telephone numbers, fax numbers, e-mail 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.**

DATE: _____

SIGNATURE: _____

-----FOR OFFICE USE ONLY-----

Status Date: _____ Orientation Date: _____

Last COE Date: _____ Office NRDS#: _____

Member NRDS#: _____

Notes: _____