

I am applying for the following category of membership:

- Designated REALTOR<sup>®</sup>      Designated REALTOR<sup>®</sup> Appraiser      REALTOR<sup>®</sup> - Managing Broker  
 REALTOR<sup>®</sup> - Agent      REALTOR<sup>®</sup> - Appraiser

Designated REALTORS<sup>®</sup> must hold one of the following positions within the company.

- Principal Broker      Partner      Corporate Officer      Trustee      Manager

Appraisers applying for Designated REALTOR<sup>®</sup> membership must hold one of the following positions with their company.

- Principal Appraiser      Partner      Corporate Officer      Trustee      Manager

APPLICANT INFORMATION	BROKERAGE INFORMATION
Name on your License: _____	Company Name: _____
Nickname: _____ Date of Birth: _____	Company Address: _____
Georgia Real Estate License #: _____	_____
License or Appraiser License #: _____	City _____ State _____ Zip _____
Phone #: Home _____ Cell _____	Business Phone: _____
Residence Address: _____	Business Fax: _____
City _____ State _____ Zip _____	Firm License #: _____
E-Mail Address: _____	Website address: _____
<b><i>Personal mailing address, if different from residence:</i></b>	
_____	
City _____ State _____ Zip _____	Preferred Mailing:      Home      Office (check one)

**CURRENT OR PAST MEMBER OF ANOTHER REALTOR<sup>®</sup> ASSOCIATION**

Have you previously held membership in any REALTOR<sup>®</sup> Association?      Yes      No

If yes, Association name where you held membership: \_\_\_\_\_

Please indicate any other name your past membership could be listed under: \_\_\_\_\_

NRDS#: \_\_\_\_\_      Last active year of membership: \_\_\_\_\_

If you are a current member of a REALTOR<sup>®</sup> Association, please indicate whether you are transferring your primary membership to the DeKalb REALTORS<sup>®</sup> or applying for secondary membership in DeKalb REALTORS<sup>®</sup>.

Membership Type:      Primary - transferring      Secondary - in addition to your Primary

Primary membership fees for the DeKalb Association of REALTORS<sup>®</sup> include fees to the Georgia Association of REALTORS<sup>®</sup> and the National Association of REALTORS<sup>®</sup>. Any agent joining the DAR as secondary (already a member of another REALTOR<sup>®</sup> Association in Georgia) is only required to pay the local portion of the fees to the DAR. Georgia State and National portions should have already been paid to the primary Association for the current fiscal year. New member fees are prorated based on the month you submit your application. Membership renewal fees are due by October 1st of each year.

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

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years?  
 Yes - provide details as an attachment      No

# 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®.

**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: \_\_\_\_\_ CSC 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.**

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

Status Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_  
Last COE Date: \_\_\_\_\_ Office NRDS#: \_\_\_\_\_  
Member NRDS#: \_\_\_\_\_  
Notes: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_