

2024 Membership Application Greater Mercer County Association of Realtors®

500 N. 12th St. Suite 100 Lemoyne, PA 17043 exec@gmcar.realtor

I hereby apply for REALTOR® (primary, secondary, or Designated) membership in the above named Board of Realtors®. I enclosed my payment in the amount of \$_______. I understand my new member fee will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership, to complete the indoctrination course of the above named Board, if any, and otherwise on my own initiative 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 Board and the constitution, bylaws, and rules and regulations of the above named Board and the State Association and the National Association. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, constitution, bylaws, rules and regulations, and duty to arbitrate, all are from time to time, amended. Finally, I consent and authorize the Board, through its membership committee or otherwise, to invite and receive information and comments about me from any member or other person. I agree that any information or comment furnished to the Board by any member or other person 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 the Board will maintain a membership file of information which may be shared with other boards or associations, where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the Board.

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 the membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

I hereby submit the following information for your consideration:

To:	Greater Mercer County Association of Realtors®		
Agent Name:			
	(Full Name As It Appears On Your License)		
Office Name:			
E-Mail Address:			
Broker/Designated Rea	altor's Name:		

Preferred Address

(Choose One)

		Office Mailing Address:	
		= Address	_
Street Address:			
City:		Zip Code:	
	Mailin	g Address	
Street Address:			
City:	State:	Zip Code:	
		red Phone ose One)	
Office Phone:	Home Phone:	Mobile Phone:	Pager:
Home Phone Number:		Mobile Phone Number:	
Office Phone Num	ber:	Pager Number:	
		erred Fax	
	•	ose One) Home Fax:	
Office Fax Number:		Home Fax Number:	
	Proformed Bul	blication Address	
		ose One)	
		Mailing Address:	
	Office Street Address:	Office Mailing Address:	_
		ership Type ose one)	
Primary N	•	Secondary Membership	o:
Office Name:			
Office Zip Code:		#:	
		n with Firm ose One)	
Principal: Partner:	Corporate Officer:	Branch Manager: or: Other:	
agree that, if accepted for	membership in the Board, I	will pay the fees and dues as f	rom time to time establishe
Date:		ignature:	

NOTE: Dues payments to the Board are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. No refunds.

-	er of an institute, society or council affiliated with the NATIONAL ASSOCIATION OF REALTORS®?
Circle one:	YES NO
	icate name of the affiliated institute, society, or council:
Please list any pr	ofessional designations you hold:
a professional desi REALTORS® that ad such institute, soci	t for Institute Affiliate Membership shall supply to the Membership committee evidence that applicant holds gnation awarded by a qualified institute, society or council affiliated with the NATIONAL ASSOCIATION OF dresses a specialty area other than residential brokerage or who otherwise holds a class of membership in ety or council that confers the right to vote or hold office and shall agree, if elected to membership, to abide 1, bylaws and rules and regulations of the local board, the State Association, and the National Association.
	y a member of any other Association of REALTORS®? Circle one: YES NO
	Association and type of membership held:
	usly held membership in any other Association of REALTORS®? Circle one: YES NO Association and type of membership held:
Have you been fo	ound in violation of the Code of Ethics or other membership duties in any Association of
REALTORS® in the	e past three (3) years or are there any such complaints pending? Circle one: YES NO
If YES, provide de	tails as an attachment.
If you are now or	have you ever been a REALTOR®? If so, provide your NAR membership (NRDS) #:
Have you been a	user or subscriber in a multiple listing service which is owned and operated by a board or
association affilia	ited with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years?
Circle o	ne: YES NO
If YES, list the nar	me of each MLS and the approximate dates of participation:
provide complete	hat the foregoing information furnished by me is true and correct, and I agree that failure to e and accurate information as requested, or any misstatement of fact, may be grounds for
revocation of my	membership, if granted.
Date:	Signature:
INCOMPLETE A	APPLICATION WILL BE NOT ACCEPTED. PLEASE MAKE SURE YOU HAVE COMPLETED <u>ALL</u> ABOVE FIELDS.
	Optional Information
Residential:	(Choose One) Commercial: Resort: International: Other:
	How long have you been with your current real estate firm?
Но	ow long have you been with a previous real estate firm? (If applicable):
	How many years total have you been in the real estate business?
	Date of Birth:

ONLY COMPLETE IF YOU ARE: A PRINCIPAL, PARTNER, CORPORATE OFFICER OR BRANCH OFFICE MANAGER APPLYING FOR MEMBERSHIP

Otherwise, please leave blank

Sole Proprietor:	Partnership:	Company Information (Choose One) Corporation:	: LLC (Limited Liability Company):
Principal:	Partner:	Your Position: (Choose One) Corporate Officer:	Branch Office Manager:
	refused membersh	•	on of REALTORS®? Circle one: YES Nostances related thereto:
If NO, please indicate Have you or your firr any court of compet	and give the address n been convicted, ent jurisdiction of		ecorded as guilty by a final judgment of
failure to provide co be grounds for revoc	mplete and accura	ate information as requesership, if granted. I furt	is true and correct, and I agree that sted, or any misstatement of fact, shall her agree that, if accepted for from time to time, established.
		Association of Realtors® are n dinary and necessary business	not deductible as charitable contributions. Such expense. No refunds.
any (e.g., MLS, Four numbers, email addr in contact informatio	ndation) may conta ress or other means on that may be pro ain state and federa	ct me at the specified ad s of communication ava vided by me to the Assoc al laws may place limits o	state, national) and their subsidiaries, if dress, telephone numbers, fax ilable. This consent applies to changes ciation(s) in the future. This consent in communications, which I am waiving
Date:		Signature:	