



APPLICATION FOR REALTOR® MEMBERSHIP

TROUP COUNTY BOARD OF REALTORS®, INC. (TCBOR)
115 Broad Street, Ste 203, Lagrange, GA 30240 (706)884-2600 FAX: (706)884-2601

BOARD USE ONLY:	Date Application Submitted to TCBOR: _____
NRDS#: _____	DATE POSTED IN NRDS: _____ (PROVISIONAL/SECONDARY)
DATE ATTENDED ORIENTATION: _____	DATE OF NMCOE: _____ POCKETCARD: _____
NEWSLETTER: _____	ROSTER: _____ QUICKBOOKS: _____

I hereby apply for REALTOR® Membership in the Troup County Board of REALTORS®. **I am applying for membership for the following category: (Please Check One)**

PRIMARY SECONDARY-NAME OF PRIMARY BOARD: _____

Qualification for Membership: I acknowledge and agree that I will attend the required Orientation Class within 180 days from the date the application is submitted to the Troup County Board of REALTORS®, Inc. All dues and fees paid will be forfeited if failure to attend this Orientation.

Failure to meet this requirement may result in having my membership terminated. If elected to membership, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above-named Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I also 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 any membership requirement(s), such as orientation, not be completed within the timeframe established in the association's bylaws. I further 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.

PERSONAL INFORMATION: (PRINT)					
First Name			Middle Name		
Last Name			Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Primary E-mail				Date of Birth:	
Broker or Salesperson's License #				Appraisal License #	
How long with current real estate firm?		Previous real estate firm (if applicable):			
Number of years engaged in the real estate business:					

COMPANY INFORMATION:					
Office Name:					
Office Address:					
City:		State:		Zip:	
Office Phone:			Fax Number:		
Broker's Company License #					

PREFERRED MAILING/CONTACT INFORMATION:Preferred Phone: Home Office CellPreferred E-mail: Primary E-mail Secondary E-mailPreferred Mailing: Home Office Office Mail Alternate Member Mail Alternate**Office Mailing Alternate:**

Address:

City:

State:

Zip:

Member Mailing Alternate:

Address:

City:

State:

Zip:

If Broker or Designated REALTOR - Complete this section (Agents continue to next section)Company Type: Sole Proprietor Partnership Corporation LLC (Limited Liability Company) Other, specifyYour position: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager Non-principal Licensee Other

Names of other Partners/Officers of your firm:

Office Contact (Designated REALTOR®):

Office Contact Manager:

Number of Non-Member Licensees:

APPLICANT INFORMATION:Are you currently a member of any other Association of REALTORS®? Yes No

If yes, name of Association

Type of membership held:

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

If yes, name of Association

Type of membership held:

Do you have any unsatisfied discipline pending for violation of the Code of Ethics ?¹ Yes No

If yes, provide details.

¹ Article V, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 5/07)

If you are now or have been a REALTOR® member before, please provide the information below.					
Previous NAR membership (NRDS) #					
Last date (year) of completion of NAR's Code of Ethics training requirement:					
Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, state the basis for each such refusal and detail the circumstances related thereto:					
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, or if you have a branch office, please provide that address:		Address:			
		City:		State:	Zip:
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where:					
Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws which prohibit unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					
Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					
Do you have any unsatisfied discipline pending? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					
Are you a party to pending arbitration request? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					
Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					

Membership Type: (Please Check One)

BROKER DESIGNATED REALTOR AGENT CERTIFIED/LICENSED APPRAISER

Application Fees and Dues: Enclosed is payment in the amount of \$ _____ for my one-time application fee.

I hereby submit dues for the following Membership: **REALTOR® Dues: \$ _____**. (Membership application fee & dues are payable to: **Troup County Board of REALTORS® or TCBOR**).

***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®.*

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. **NOTE:** Payments to the Troup County 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, 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.

Applicant Signature: _____

Date: _____

Broker Signature: _____

Date: _____

Payment Type:

Check Visa MasterCard American Express Discover

Card# _____ Expiration Date: _____ Amount: \$ _____ (TCBOR)

Name on Card: _____ Card Billing Address: _____

Zip Code: _____ Security Code (on back of card): _____

TROUP COUNTY BOARD OF REALTORS®

115 BROAD STREET, STE 203

LAGRANGE, GA 30240

706-884-2600

SUMMARY OF FEE STRUCTURE

APPLICATION AND PROCESSING FEE: \$80.00 for Primary Member, \$25 for Secondary Member

STATE /NATIONAL/LOCAL BOARD DUES FOR REALTOR® MEMBERS: (REVISED 1/1/2017)

*National Dues Include \$35.00-Public Awareness Campaign Assessment

	<u>TOTAL DUE**</u>	<u>GAR</u>	<u>*NAR</u>	<u>TCBOR</u>
JANUARY	\$520.00	\$98.00	\$155.00	\$267.00
FEBRUARY	\$479.62	\$89.87	\$145.00	\$244.75
MARCH	\$439.20	\$81.70	\$135.00	\$222.50
APRIL	\$398.78	\$73.53	\$125.00	\$200.25
MAY	\$358.36	\$65.36	\$115.00	\$178.00
JUNE	\$317.94	\$57.19	\$105.00	\$155.75
JULY	\$277.52	\$49.02	\$95.00	\$133.50
AUGUST	\$237.10	\$40.85	\$85.00	\$111.25
SEPTEMBER	\$196.68	\$32.68	\$75.00	\$ 89.00
OCTOBER	\$156.26	\$24.51	\$65.00	\$ 66.75
NOVEMBER	\$115.84	\$16.34	\$55.00	\$ 44.50
DECEMBER	\$ 75.42	\$ 8.17	\$45.00	\$ 22.25

(SECONDARY MEMBERS – PAY ONLY TCBOR DUES – GAR & NAR PAID WITH YOUR PRIMARY BOARD)**
