



Application for REALTOR® Membership

For Office Use Only	
NRDS #:	_____
Date Received:	_____ Amount Paid: _____
Published Date:	_____ Approval Date: _____
Orientation Date:	_____
Inducted:	_____
Payment Method:	_____

Check Type of Membership Desired:

- Designated REALTOR® (Pages 1 & 2) Office principal broker
 REALTOR® Sales associate
 Appraiser Appraiser
 Secondary(SR) Joining multiple boards
 Secondary State (SSR) Joining LRRRA from another state
 Non-Member Don't require CARMLS access (Can't carry the REALTOR® TM)

To the Little Rock REALTORS® Association, Inc. (LRRRA), I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check in the amount of \$_____. My application fee and yearly dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and/or comment furnished to the Association by any person in response to the 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. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

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

By execution of this Application, Applicant certifies that Applicant is not in violation of any rules, regulations or decisions of any Board or Association of REALTORS®. Applicant understands that should it be determined that such violation exists and has not been remedied, the Applicant's eligibility for membership in the Little Rock REALTORS® Association, Inc., can be terminated without refund of monies paid.

Name (as shown on license): _____ Nickname: _____

RE or App License #: _____ Gender: Male Female Date of Birth: _____

Office Name: _____

Home or Mail Address: _____ City/State/Zip: _____

Home Phone: _____ Home Fax: _____ Mobile: _____

YOUR PREFERRED E-MAIL ADDRESS: _____

Any current or previous membership in any other real estate Association/Council of REALTORS®? Yes No

If yes, name of the Association/Council and NRDS#: _____

If yes, do you intend to maintain a secondary membership with that Association/Council? Yes No

Field of Business: (Choose up to four specialties)

Residential Commercial Appraisal Property Management Farm/Ranch/Land International
 Resort New Homes/Construction Brokerage Management Support Staff Personal Assistant

Website: _____ Languages Spoken: _____

If you are a Designated REALTOR®, Principle Appraiser or branch manager you must also complete Page 2 of this application.

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 Little Rock REALTORS® Association, Inc., are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. Dues are non-refundable.

Applicant Signature: _____ Date: _____

APPLICATION FOR REALTOR® MEMBERSHIP:
Part 2 FOR DESIGNATED REALTORS® / BRANCH MANAGERS

Company Physical Address: _____

City/State: _____ Zip: _____

Company Mailing Address: _____

City/State: _____ Zip: _____

Company Phone: (_____) _____ Company Fax: (_____) _____

Company Website: _____

Company information: Individual DBA Partnership Corporation

Your position: Principal Partner Corporate Officer Trustee Employee
 Independent Contractor Owner Other: _____

Names of Principles/Partners/Officers/Trustees of your firm: _____

Have you ever been refused membership in any other real estate Association/Council? Yes No

If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Is the Office Address, as stated, your principal place of business? Yes No

If not, or if you have any branch offices, please indicate and give address: _____

Principals, please list institution in which you maintain your escrow account: _____

Do you hold, or have you ever held, a real estate license in any other state? Yes No If yes, where? _____

Have there been any complaints, within the last five years, against you or the firm with which you are associated? Yes No

If so, please specify: _____

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 Little Rock REALTORS® Association, Inc., are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Applicant Signature: _____

Date: _____

***** OPTIONAL *****

TIME AND TALENT

Please indicate any areas you may like to serve in or any areas you may have a special talent in that would benefit the Association.

Affiliates Award for Excellence Table Top Attendance Membership

Community Affairs Fair Housing Programs Education (CE) Building

Education(Orientation) Legislative Affairs Special Olympics CARMLS Board

CARMLS User Group Computer & Tech General Meetings Habitat for Humanity

Other: _____