

# MEMBERSHIP APPLICATION



**REALTOR®**

**Designated REALTOR® (Broker)**

**GENERAL INFORMATION**

Name (as it appears on your license): \_\_\_\_\_

Nickname: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Firm Telephone Number: \_\_\_\_\_ Firm Fax Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Which do you want as the primary mailing address?  Firm  Home

Which do you want as the primary phone number?  Cell  Firm  Home

E-Mail Address: \_\_\_\_\_ Birth Date (M/D/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Web Address: \_\_\_\_\_

DRE License # : \_\_\_\_\_ Expiration Date (M/D/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type    Broker  
          Salesperson  
          Corporate

MLS Affiliation \_\_\_\_\_ MLS # \_\_\_\_\_

List all REALTOR Associations of which you CURRENTLY BELONG:

\_\_\_\_\_

List all Boards/Associations of REALTORS® to which you PREVIOUSLY BELONGED:

\_\_\_\_\_

If you answered the above, what is your NRDS# \_\_\_\_\_

YOU MUST ANSWER THE FOLLOWING:

Have you ever been disciplined by any REALTOR® Associations? If yes, attach copies of the discipline.  Yes  No

Have you ever been disciplined by the DRE? If yes, provide all relevant details and dates or attach copies of discipline.  Yes  No

### **GENERAL TERMS AND CONDITIONS OF MEMBERSHIP**

- Bylaws, policies and rules.** I agree to abide by the bylaws, policies and rules of the Board/Association, the bylaws, policies and rules of the California Association of Realtors®, and the constitution, bylaws, policies and rules of the National Association of REALTORS®, all as may from time to time be amended. **PLEASE INITIAL HERE** that you received and read Local Bylaws and NAR Code Of Ethics prior to joining.
- Use of the term REALTOR®.** I understand that the professional designation REALTOR® is a federally registered trademark of the National Association of REALTORS® (NAR) and use of this designation is subject to NAR rules and regulations. I agree that I cannot use this professional designation until this application is approved and all of my membership requirements are completed. I further agree that should I cease to be a REALTOR®, I will discontinue use of the term REALTOR® in all certificates, signs, seals or any other medium.
- New Member Orientation.** I understand that the Marin Association of REALTORS® requires that I must attend New Member Orientation and Code of Ethics training within the first 90 days of application. This 3-hour training is offered online, and upon application approval, I will receive instructions in my welcome packet. Failure to satisfy this requirement will result in termination of membership. This requirement does not apply to applicants for REALTOR® membership who have completed comparable orientation in another association, provided that REALTOR® membership has been continuous. Please refer to the Orientation Agreement Form.
- No refund.** I understand that only my local Association membership dues fees are non-refundable after the initial 30 day grace period from the date I joined. CAR and NAR dues are nonrefundable. In the event I fail to maintain eligibility or membership for any reason, I understand I will not be entitled to a refund of my dues or fees.
- Authorization to release and use information waiver.** I authorize the Marin Association of REALTORS® or its representatives to verify any information provided by me in this application by any method including contacting the California Department of Real Estate, my current or past responsible broker or Designated REALTOR®, or any Board/Association where I held, or continue to hold, any type of membership. I further authorize any Board/Association where I held, or continue to hold, any type of membership to release all of my membership or disciplinary records to the Marin Association of REALTORS®, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause

of action against the Marin Association of REALTORS®, its agents, employees or members including, but not limited to, slander, libel, or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.

6. **Permission to Communicate.** By signing below, I expressly authorize the Marin Association of REALTORS® including the local, state and national, or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. Mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Marin Association of REALTORS®.
  
7. **Waiver of arbitrator disclosure requirements.** By signing below, I expressly agree that all arbitrations pursuant to the California Code of Ethics and Arbitration Manual (“Manual”) shall be governed by the Manual, and I specifically agree to waive the arbitrator disclosure requirements of the provisions of the California Ethics Standards for Neutral Arbitrators in Contractual Arbitration in California and California Code of Civil Procedure Section 1281.9(a)(2),(3),(4), and (b)1281.85, which require disclosure by REALTOR® arbitrator of information about prior arbitrations that is confidential under the rules of the California Association of REALTORS® and National Association of REALTORS®.

8. **REALTOR® Arbitration Agreement.** A condition of membership in the Marin Association of REALTORS® as a REALTOR® is that you agree to binding arbitration of disputes. As a REALTOR® (including Designated REALTOR®) member, you agree for yourself and the corporation or firm for which you act as a partner, officer, principal or branch office manager to binding arbitration of disputes with (i) other REALTOR® members of this Board/Association; (ii) with any member of the California or National Association of REALTORS®; and (iii) any client provided the client agrees to binding arbitration at the Board/Association. Any arbitration under this agreement shall be conducted using the Board/Association facilities and in accordance with the Board/Association rules and procedures for arbitration.

**SIGNATURE**

**I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.**

Signature of Applicant \_\_\_\_\_ Date of Signature \_\_\_\_\_

Signature of Designated REALTOR® \_\_\_\_\_ Date of Signature \_\_\_\_\_

**IMPORTANT!**  
**DESIGNATED REALTOR® APPLICANTS ONLY**

Persons other than principals, partners, corporate officers or branch office managers of real estate must remain employed by or affiliated with a Designated REALTOR® to be eligible for REALTOR® membership.

Designated REALTOR® Applicants must provide the Association a list of licensees employed or affiliated with them and must also regularly update the Association on any changes, additions, or deletions from the list. It is the Designated REALTOR'S responsibility to ensure each licensed person working under their license also becomes a REALTOR®.

Designated REALTOR® Print Name \_\_\_\_\_

Signature \_\_\_\_\_





**PAYMENT AUTHORIZATION FORM**

**\*PLEASE NOTE\* MAR never keeps payment information on file, and we do not have auto pay. To ensure that MAR's records are up to date, please provide the following information:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Payment Information:**

Credit Card Type:   **Visa**                      **Discovery**                      **Master Card**                      **American Express**

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_                      CID# last 3 digits on back of card: \_\_\_\_\_

**I hereby authorize MAR to charge the above credit card number as my dues and fees become payable.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_