

APPLICATION FOR REALTOR\ (PRINCIPAL) MEMBERSHIP

To The GCAR Membership Committee: Orientation Class Date: \_\_\_\_\_  
Principal Broker Orientation Class Date: \_\_\_\_\_

I hereby apply for PRINCIPAL REALTOR\ membership in the GCAR, enclosing my check in the amount of \$\*\_\_\_\_\_, which is to be returned to me in the event of my 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 Regulation of the GCAR, State and National Association of REALTORS\.

I hereby agree to satisfactorily complete the GCA R's Orientation course within two (2) months after my election to membership. I further agree to complete G CA R 's Principal Broker Orientation within three (3) months of my election to membership. I understand that failure to complete either course will result in suspension of my services and services to my firm until they are completed.

I consent that the GCAR, through its Membership Committee or otherwise, may invite and receive information and comment about me from any other person or member, and I further agree that any information and comment furnished to GCAR 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 hereby submit the following for your consideration:

<PLEASE PRINT>

MR. \_\_\_\_\_ MISS \_\_\_\_\_ MRS. \_\_\_\_\_ MS \_\_\_\_\_

NAME SHOWN ON LICENSE/CERTIFICATION \_\_\_\_\_

OR

APPRAISER'S LICENSE/CERTIFICATION NUMBER \_\_\_\_\_

FIRM NAME \_\_\_\_\_

BUSINESS ADDRESS: STREET \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_

BUSINESS FAX: (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_

E-MAIL Address \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

RESIDENCE ADDRESS: STREET \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_

\*FOR REALTOR\ PRINCIPAL DUES & FEES – CALL MICHELE MIASKI AT

464-0191 ext 11

PLEASE COMPLETE REVERSE SIDE

IS YOUR FIRM:        INDIVIDUAL\_\_CORPORATION\_\_\_\_DBA\_\_\_\_PARTNERSHIP\_\_\_\_

APPLICANT'S POSITION WITH FIRM:            PRINCIPAL\_\_\_\_PARTNER\_\_\_\_  
CORPORATE OFFICER\_\_\_\_            TRUSTEE\_\_\_\_ EMPLOYEE\_\_\_\_  
INDEPENDENT CONTRACTOR\_\_\_\_            OTHER (explain)\_\_\_\_\_

LIST NAMES OF ALL PRINCIPALS, PARTNERS, CORPORATE OFFICERS, OR TRUSTEES: (Including titles)

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YOU ARE AUTHORIZED TO REFER TO THE FOLLOWING MEMBERS OF THIS BOARD WHO KNOW ME (optional):

\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

CREDIT REFERENCES:

Bank (business account) \_\_\_\_\_  
Other: \_\_\_\_\_

I agree that if elected to membership, I shall pay the fees and dues as are from time to time established.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
[Applicant's signature]