

GREATER CAPITAL ASSOCIATION OF REALTORS®, INC.

451 New Karner Road Albany, New York 12205

(518) 464-0191 Fax (518) 464-0196

<http://www.gcar.com> e-mail-mmiaski@gcar.com

!APPLICATION FOR REALTOR® MEMBERSHIP!

Class Date: \_\_\_\_\_

To: The GCAR Membership Committee

I hereby apply for REALTOR®\* membership in accordance with the Bylaws of the Greater Capital Association of REALTORS®, Inc. and enclose my check for the amount of \$\*\_\_\_\_\_, which is to be returned to me in the event of non-election. In the event of my election I agree to pay the prescribed dues as long as I am a member of the GCAR, and to abide by its Bylaws, Rules and Regulations, and the Code of Ethics of the National Association of REALTORS®. DUES ARE NON-REFUNDABLE.

I hereby agree to satisfactorily complete the GCAR's Orientation course within two (2) months after my election to membership. I understand that failure to complete this course will result in suspension of my services until it is completed.

In submitting this application I hereby waive all claims against GCAR, its officers, trustees, employees and any and all members arising out of any act in connections with the consideration, rejection or acceptance of this application.

NAME SHOWN ON  
LICENSE \_\_\_\_\_

\*\*LICENSE/CERTIFICATION NUMBER \_\_\_\_\_

DATE FIRST LICENSED (month/year) \_\_\_\_/\_\_\_\_

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

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
(to be published on MLS)

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

Have you ever had your real estate license suspended or revoked? Y/N \_\_\_\_\_

If yes, attach letter with cause and disposition.

\_\_\_\_\_  
DATE APPLICANT'S signature PRINCIPAL REALTOR®'S signature.

\*FOR REALTOR® DUES AMOUNT- CALL MICHELE - 464-0191 ext. 11

\*\*A Photocopy of your Real Estate license (or authorization letter) must accompany application.