



GREATER CAPITAL ASSOCIATION OF REALTORS®, INC.  
449 New Karner Road, Albany, New York 12205  
PH: 518-464-0191 Fax: 518-464-0196  
www.gcar.com | membership@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 (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(to be published on MLS)

Email Address: \_\_\_\_\_

Have you ever had your real estate license suspended or revoked?  Yes  No  
If yes, attach letter with cause and disposition.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Principal REALTOR®'s Signature

\*For agent dues amount call member services at 518-464-0191