



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® (PRINCIPAL) MEMBERSHIP

Orientation Class Date: _____

Principal Broker Orientation Class Date: _____

To The GCAR Membership Committee:

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®. 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 further agree to complete GCAR'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:

Name Shown on License/Certification: _____

or

Appraiser's License/Certification Number: _____

Name of Firm: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Email Address: _____

Federal Tax ID: _____

Residential Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

*For Principal REALTOR® dues and fees call member services at 518-464-0191

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)

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]