

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

To The GCAR Membership Committee:

I hereby apply for REALTOR®* membership in accordance with the Bylaws of the Greater Capital Association of REALTORS®, Inc. 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 <u>after</u> my election to membership. I understand that failure to complete this course will result in <u>suspension of my services until it is completed.</u>

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.

Agent's Name Shown on I	License:			
Agent's License/Certificat	ion 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 re If yes, attach letter with ca		•	xed? □ Yes □ No	
Have you ever been a mer	nber of a real estate	association or b	oard?	
——————————————————————————————————————	Applicant's Signati	ıre	Principal REALTOR®'s Signature	

^{*}For agent dues amount call member services at 518-464-0191

^{**}A photocopy of your real estate license (or authorization letter) must accompany the application.