



**Fredericksburg Area Association of REALTORS®**

2050 Gordon W. Shelton Blvd.

Fredericksburg, VA 22401

Phone: 540-373-7711

FAX: 540-736-0301

**APPLICATION FOR MEMBERSHIP**

I, \_\_\_\_\_, hereby apply for **Primary** \_\_\_\_\_ **Secondary** \_\_\_\_\_ REALTOR® membership in the above named Association, and enclose my payment in the amount of \$\_\_\_\_\_. In the event my application is approved, I agree as a condition to membership to complete the indoctrination and ethics courses of the above named Association, if any, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the State Association and the National Association; and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations and duty to arbitrate, all as from time to time amended. Finally, I consent that and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such 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.

*NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending the Board of Directors may condition renewal of membership upon the applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been previously established as due and payable, in relation thereto, provided that they award and such cost have not, in the interim, been otherwise satisfied.*

**I hereby submit the following information for your consideration:**

**License Type:**  Broker  Salesperson  Licensed  Appraiser  Other

**Name as shown on License:** \_\_\_\_\_

**Nickname/DBA** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRM NAME:** \_\_\_\_\_

**FIRM ADDRESS:** \_\_\_\_\_

**FIRM PHONE #:** \_\_\_\_\_ **FIRM FAX #:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_





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**Which of the following best describes your position in the office:**

Independent Contractor  Employee

**Date started in the real estate business:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**On what basis are you engaged in the real estate business?**  Full time  Part time

**Highest Level of Education:**

Grammar School  High School  College, No degree  College Degree

Graduate School, No degree  Graduate Degree

**Indicate your main field of study:**

Real Estate  Business  Marketing  Finance  Economics

Management  Law  Accounting  Education  Engineering

Liberal Arts  Agriculture  Social Science  Medicine  Communications

Fine Arts  Phys. Science  Other

**Are you or have you been a member of any other REALTOR® Association?**  YES  NO If yes, state name(s) of other Association(s), type(s) of membership held, and date(s) of membership:

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**Do you hold, or have you ever held, a real estate license in any other state?**  YES  NO If yes, specify when and where:

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**Have you ever been refused membership in any other real estate association?**  YES  NO If yes, state basis for such refusal and circumstances related thereto:

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**Has your real estate license, in this or any other state, been suspended or revoked?**  YES  NO

If yes, specify the place(s) and date(s) of such action, and detail the circumstance relating thereto:

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**Have you ever been convicted of a felony?**  YES  NO If yes, give details:

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### FOR PRINCIPAL BROKERS ONLY

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

Indicate if Firm is:  Individual  DBA  Partnership  Corporation

Does your office comply with zoning requirements for its location?  YES  NO

Is the office in a Business Zone?  YES  NO

Office/Branch Office License #: \_\_\_\_\_

State name of each other Principal, Partner, Corporate Officer, or Trustee of your firm: (GIVE THE NAMES OF SENIOR PARTNERS OR OFFICERS FIRST)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Office Address, as states, your principal place of business?  YES  NO If not, please give principal address:

\_\_\_\_\_  
\_\_\_\_\_ Give name of  
Institution(s) in which you maintain your escrow or trustee account:

\_\_\_\_\_  
\_\_\_\_\_ Are there now, or  
have there been within the past five years, any complaints against you or the firm with which you have been associated  
before any state real estate regulatory agency or any other agency of government?

YES  NO

If yes, specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.

\_\_\_\_\_

Are you involved in any pending bankruptcy or insolvency proceedings?  YES  NO

### FOR ALL APPLICANTS

**PLEASE NOTE:** As of 1998, the Fredericksburg Area Association of REALTORS®, added to its bylaws, additional qualifications for membership that have weight in granting membership.

Section 2(c) Qualification for Membership: The Association will consider the following in determining an applicant's qualification for REALTOR® membership: 1. All final findings of Code of Ethics violations and violations of other membership duties in any other association within the past three (3) years. 2. Pending ethics complaints (or hearings) 3. Unsatisfied discipline pending 4. Pending arbitration requests (or hearings) 5. Unpaid arbitration or unpaid financial obligations to any other association or association MLS.

By initialing, I acknowledge that this disclosure becomes part of my application for membership. Applicant's Initials: \_\_\_\_\_





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I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time are established. In addition, I understand that I must complete orientation and ethics requirements or be dropped from membership consideration after two notifications. If dropped from membership consideration all fees paid by me will be forfeited.

**Date:** \_\_\_\_\_ 20\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

Endorsement: I, the undersigned, a member in good standing in the Fredericksburg Area Association of REALTORS®, herewith certify that the applicant will be with my firm as \_\_\_\_\_ Sales Associate, \_\_\_\_\_ Associate Broker, \_\_\_\_\_ Other (please specify).

I do herewith endorse said applicant's membership in the Fredericksburg Area Association of REALTORS® and further certify that applicant is working in my office.

**Date:** \_\_\_\_\_ 20\_\_\_\_ **Signature of Broker:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Methods of Payment:** Check Money Order MasterCard VISA American Express

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVC# (3 digits on back of card above signature):** \_\_\_\_\_

**Billing Zip Code:** \_\_\_\_\_ **Total Amount:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

### FOR BOARD USE ONLY

FEES: APPLICATION FEE: \_\_\_\_\_ Total Paid: \_\_\_\_\_

LOCAL DUES: \_\_\_\_\_ Check Number: \_\_\_\_\_

VAR DUES: \_\_\_\_\_ Date of Check: \_\_\_\_\_

NAR DUES: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

RPAC Contribution: \_\_\_\_\_ Member #: \_\_\_\_\_

TOTAL: \_\_\_\_\_ NRDS #: \_\_\_\_\_

