



REALTOR® MEMBERSHIP APPLICATION



I am applying for **Primary** Membership.

I am applying for **Secondary** Membership. My primary association is _____ and my NRDS ID is _____.

Please submit payment in the amount of \$ _____ (which represents dues of \$ _____ + the application fee of \$200.00) via fax at 240.254.2107 or mail check along with application to 8440 Old Leonardtown Rd, Suite 211, Hughesville, MD 20637. **NOTE:** Payments to the Southern Maryland Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

PLEASE READ AND CHECK OFF THE FOLLOWING GUIDELINES:

- I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate commission disputes. *(Copy will be given out at New Member Orientation.)*
- I agree to abide by the Bylaws and Rules and Regulations of the Southern Maryland Association of REALTORS®. *(Available online at bit.ly/SMARBylaws)*
- I agree to attend the New Member Orientation Class that includes REALTOR® Code of Ethics Training with 150 days.
- I understand membership brings certain privileges and obligations that require compliance.
- I understand that Membership may be revoked should completion of requirements, such as orientation, not be completed within established time frame. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

PLEASE PROVIDE THE FOLLOWING INFORMATION (PRINT CLEARLY):

Name (*as it appears on your license*): _____ Mr., Mrs., Miss, Ms.

Real Estate License #: _____ Previous Last Name: _____

Office Name: _____ Office City: _____

What is your office position? Broker Manager Team Leader Salesperson

Email: _____ **(REQUIRED INFORMATION. Please note: SMAR uses email to communicate with its members. SMAR does not distribute member's email addresses.)**

Home Mailing Address: _____
Street or PO Box _____ Apt or Suite # _____

City _____ State _____ Zip _____

Physical Home Address: Same as above

Street _____ Apt or Suite # _____

City _____ State _____ Zip _____

To which address do you prefer to receive mail? Office Home Mailing Physical Home

Cell Phone: _____ What is your preferred phone? Cell Office

PLEASE CAREFULLY READ THE FOLLOWING:

Have you previously held membership or are you presently a member of any Association of REALTORS®?

Yes No *If yes, please provide your NAR membership (NRDS) #: _____ . Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No (If yes, provide details as an attachment.)*

NOTE: Applicant acknowledges that if he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant’s certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

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. I further agree that I shall pay the fees and dues as from time to time established. Note: SMAR’s current billing cycle is November 1 - October 31 and collects dues for SMAR, MAR (Maryland Association of REALTORS® and NAR (National Association of REALTORS®). I understand the amount paid today is prorated based on my membership join date.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature (applicant): _____ Date: _____



PAYMENT INFORMATION

If paying by check, make check payable to SMAR.

Mail to: SMAR, 8440 Old Leonardtown Rd, Ste 211, Hughesville, MD 20637.

If paying by credit card, please complete the following payment information below and fax to 240.254.2107.

Name on Card: _____

Credit Card Billing Address: _____

VISA/MC/AmExpress/Discover Card #: _____

Exp Date: _____

Signature: _____ Date: _____