



PAAR

PEORIA AREA ASSOCIATION OF REALTORS®

APPLICATION FOR REALTOR® & COMPANY MEMBERSHIP

I hereby apply for Membership in the above named Association. Enclosed is my check in the amount of \$ _____, which I understand will be returned to me in the event I am not accepted to membership. **I will attend the first available Orientation session offered from the time of application. I understand if I fail to attend the second Orientation session it will revoke my provisional membership and the termination of services until all class requirements have been completed.** In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. 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.

NOTE: Applicant acknowledges that if accepted as a member and 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®.

PAAR USE ONLY	
Date Received:	_____
Dues Paid:	_____
Initial Fee:	_____
Member ID:	_____
NRDS#:	_____
Dates Appeared:	_____ _____ _____

* Amount shown is prorated according to month joining unless membership was held the previous year. I hereby submit the following information for your consideration:

THIS APPLICATION WILL ONLY BE ACCEPTED IF COMPLETED IN ITS ENTIRETY. ALL FIELDS ARE REQUIRED.

PERSONAL INFORMATION:							
First Name				Middle Name			
Last Name				Suffix	<input type="checkbox"/> Jr,	<input type="checkbox"/> III,	<input type="checkbox"/> Sr, <input type="checkbox"/> Etc.
Nickname (DBA):							
Home Address:							
City:			State:			Zip:	
Home Phone:				Cell Phone:			
Personal Fax:				Desk Phone:			
E-mail Address:							
Web Address:							
Date of Birth:			Gender:			Languages Spoken:	

Applications for attendance at the Indoctrination training session will only be accepted until 4:30 p.m. on Monday during the week of Indoctrination classes. Any registrant who fails to notice staff they are not attending the Indoctrination session by 4:30 p.m. on Monday the week of Indoctrination, will be charged a service fee.

LICENSING INFORMATION:	
Broker License #	
State of Licensure:	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where?	
Licensed/Certified Appraiser: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appraisal License # : <input type="text"/>

COMPANY AFFILIATION INFORMATION:			
Office Name:			
Office Address:			
City:		State:	
			Zip:
Office Phone:		Fax:	

COMPLETE THIS SECTION ONLY IF OPENING AN OFFICE

TO BE COMPLETED BY A PRINCIPAL, PARTNER, CORPORATE OFFICER OR BRANCH OFFICE MANAGER			
Company Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company)			
<input type="checkbox"/> Other, specify <input type="text"/>			
Your position: <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder			
<input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other <input type="text"/>			
Co. License #:		Branch License #:	
Co. E-mail Address:			
Co. Web Address:			
Names of other Partners/Officers of your firm: <input type="text"/>			
Is your place of business in compliance with local zoning regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the Office Address, as stated, your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, or if you have any branch offices, please give address:	Address: <input type="text"/>		
	City:		State: <input type="text"/>
			Zip: <input type="text"/>

PREFERRED MAILING/CONTACT INFORMATION:	
Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell	
Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office	Mail Publications to: <input type="checkbox"/> Home <input type="checkbox"/> Office
Primary Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter <input type="checkbox"/> Text	

APPLICANT INFORMATION:	
Are you presently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	<input type="text"/>
Type of membership held:	<input type="text"/>
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	<input type="text"/>

Type of membership held:	
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #:	
Last date (year) of completion of NAR's Code of Ethics training requirement:	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, provide details.)	

Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the basis for each such refusal and detail the circumstances:	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where:	
Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details:	
Have you or your firm been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details:	

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 further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Peoria Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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.

APPLICANT SIGNATURE	
Date:	
Applicant Signature:	

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE BROKER OR SALES MANAGER'S SIGNATURE AND CERTIFICATION THE APPLICATION HAS BEEN REVIEWED AND IS ACCURATE AND COMPLETE.

BROKER OR SALES MANAGERS CERTIFICATION AND SIGNATURE	
Date:	
Broker or Sales Managers Signature:	

Rev. 12.05.19