



Cherokee Association of REALTORS®

1600 River Park Blvd Ste 104

Woodstock, GA 30188

Phone: 770-591-0004

Fax: 770-591-9551

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Application for Designated REALTOR®/Broker Membership

To the Cherokee Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association and am enclosing my payment in the amount of \$ 40.00 for a one time application fee payable to Cherokee Association of REALTORS®. I understand that I will be billed a prorated amount for the remainder of the current year. Failure to pay dues within the 30 day time frame will result in automatic revocation of membership by which all fees paid will be forfeited. In such case, applicant must resubmit application and application fee for the office to be compliant. 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, 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 class 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 the 90 day time frame established in the Association's bylaws. Your membership may also be revoked for nonpayment of dues within the 30 day time frame 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®.

This application must be filled out completely and must be legible to be processed. I hereby submit the following information for your consideration:

Name: Ms. Mrs. Mr. _____

Real Estate License #: _____ Date of Birth: _____

Licensed/certified appraiser: Yes No Appraisal License #: _____

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____

Office Fax: _____

E-Mail: _____ (Mandatory)

Residence Address: _____

City: _____ State: _____ Zip Code: _____ (Mandatory)

Cell Phone: _____

Preferred Mailing: Home Office Preferred Phone: Home Office Cell Phone

Membership status you are applying for: Primary Secondary

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: _____

Do you wish to remain a member of your current Board/ Association? Yes No

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: _____

If you have previously held membership in any other Association of REALTORS®, you must provide a letter of good standing with this application from your previous Board/Association. This letter must include completion dates for any Orientation and/or Code of Ethics classes, as well as, proof of any State and National dues paid for the current year.

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.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____

and last date (year) of completion of NAR's Code of Ethics training requirement:

Are you a principal, partner, corporate officer or branch office manager? [] Yes [] No **If no, STOP. You must complete the REALTOR® Application for Membership instead.**

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm:

Have you ever been refused membership in any other Association of REALTORS®? [] Yes [] No

If yes, state the basis for each such refusal and detail the circumstances related thereto:

Is the Office Address, as stated, your principal place of business? [] Yes [] No

If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? [] Yes [] No

If so, where:

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. 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 Cherokee 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) 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 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.

Dated: _____

Signature: _____

*** 2009 Dues are collected in October of 2008. Any new joining member will have to pay the pro-ration rate for 2008 plus \$413 for 2009 starting in October.**

2008 Dues Pro-ration Table

Month	Local	State	National	Ad Nat	TOTAL
January	\$ 186.00	\$ 58.00	\$80.00	\$ 30.00	\$ 354.00
February	\$ 170.50	\$ 53.17	\$73.33	\$ 30.00	\$ 327.00
March	\$ 155.00	\$ 48.33	\$66.67	\$ 30.00	\$ 300.00
April	\$ 139.50	\$ 43.50	\$60.00	\$ 30.00	\$ 273.00
May	\$ 124.00	\$ 38.67	\$53.33	\$ 30.00	\$ 246.00
June	\$ 108.50	\$ 33.83	\$46.67	\$ 30.00	\$ 219.00
July	\$ 93.00	\$ 29.00	\$40.00	\$ 30.00	\$ 192.00
Aug	\$ 77.50	\$ 24.17	\$33.33	\$ 30.00	\$ 165.00
Sept	\$ 62.00	\$ 19.33	\$26.67	\$ 30.00	\$ 138.00
Oct	\$ 46.50	\$ 14.50	\$20.00	\$ 30.00	\$ 111.00
Nov	\$ 31.00	\$ 9.67	\$ 13.33	\$ 30.00	\$ 84.00
Dec	\$ 15.50	\$ 4.83	\$ 6.67	\$ 30.00	\$ 57.00

2009 Dues Pro-ration Table

Month	Local	State	National	Ad Nat	TOTAL
January	\$ 225.00	\$ 73.00	\$ 80.00	\$ 35.00	\$ 413.00
February	\$ 206.25	\$ 66.92	\$ 73.33	\$ 35.00	\$ 381.50
March	\$ 187.50	\$ 60.83	\$ 66.67	\$ 35.00	\$ 350.00
April	\$ 168.75	\$ 54.75	\$ 60.00	\$ 35.00	\$ 318.50
May	\$ 150.00	\$ 48.67	\$ 53.33	\$ 35.00	\$ 287.00
June	\$ 131.25	\$ 42.58	\$ 46.67	\$ 35.00	\$ 255.50
July	\$ 112.50	\$ 36.50	\$ 40.00	\$ 35.00	\$ 224.00
Aug	\$ 93.75	\$ 30.42	\$ 33.33	\$ 35.00	\$ 192.50
Sept	\$ 75.00	\$ 24.33	\$ 26.67	\$ 35.00	\$ 161.00
Oct	\$ 56.25	\$ 18.25	\$20.00	\$35.00	\$ 129.50
Nov	\$ 37.50	\$ 12.17	\$ 13.33	\$ 35.00	\$ 98.00
Dec	\$ 18.75	\$ 6.08	\$ 6.67	\$ 35.00	\$ 66.50

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FAX Credit Card Information and Approval

Name as listed on card _____

Card Type _____

Card Number _____

Expiration Date _____

Security Number _____
(3 or 4 digit# on back of card)

Phone Number _____

Amount of Purchase _____

You have agreed to authorize the Cherokee Association of REALTORS® to
charge your credit card for the amount listed above.

Signature _____ **Date:** _____

We accept American Express, Master Card & Visa
