

METRO SOUTH ASSOCIATION OF REALTORS®

1671 Adamson Pkwy, Ste. 100, Morrow GA 30260 (770) 477-7579 FAX: (770) 477-0267

Web Address: www.msar.org

AnnRaymer@msar.org ~ Executive Vice President

JaninePeddy@msar.org ~ Membership Services Director

ChristySlaton@msar.org ~ Education Coordinator

MEMBERSHIP APPLICATION

I am applying for the following category of membership: (Please circle one)

- DESIGNATED REALTOR® REALTOR® SECONDARY REALTOR®
 SECONDARY DESIGNATED REALTOR® APPRAISER AFFILIATE

Designated REALTORS® must hold one of the following positions within the company. Please circle one:

- Principal Broker Partnership Corporate Officer Manager Trustee

Do you currently belong to another board (or previously), if yes, specify board _____

Are you transferring your primary membership from another board* Yes No *Board Name: _____

I hereby apply for Membership in the Metro South Association of Realtors®, enclosing my check/credit card info in the amount of \$ _____ which is to be returned to me the in event of non-election.

Visa: _____ Exp: _____ MasterCard: _____ Exp: _____

Discount for cash or check. Please add \$10.00 if using Visa/MasterCard

PERSONAL INFORMATION

Name: Ms. Mrs. Miss Mr. _____

(As your name appears on your real estate license)

*Real Estate License#: _____ *This application cannot be processed without this information

Nickname if different from name on license: _____

Residence Address: _____

Street

Apt/Suite No.

City State Zip Code
Date of Birth: _____ Social Security Number: _____

Home Phone: 404 770 678 _____ HOME FAX () _____ - _____

Email Address: Home Office

YOUR OFFICE ADDRESS *CANNOT BE PROCESSED WITHOUT THIS INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS/CITY/STATE/ZIPCODE: _____

BUSINESS PHONE () _____ - _____ BUSINESS FAX: () _____ - _____

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the obligation to arbitrate any existing or future dispute with another member in accordance with the Association's arbitration procedures. I also agree to abide by the Constitution, By-Laws, and Rules and Regulations of the Metro South Association, the Georgia Association, and the National Association which are made available to me at the local Association office, and if required, I further agree to satisfactorily complete an Orientation Course and a reasonable and non-discriminatory written examination on such Code, Constitution, By-Laws, and Rules and Regulations. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitution, By-Laws, Rules and Regulations, and duty to arbitrate, all as from time to time are amended. I irrevocably waive all claims against the local Association or any of its officers, directors or members, for any act in connection with the business of the local Association, and particularly as to its or their acts in electing or failing to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon expiration of said membership for any cause, I will discontinue the use of the term REALTOR® and return to the local Association all certificates, signs, seals or other indications of membership in the local Association, the State Association and the NATIONAL ASSOCIATION OF REALTORS®. I consent that the local Association, through its Membership Committee or otherwise, may invite and receive further information and comment about me from any member or other person, and I further agree that any information and comment furnished to the local Association by any person in response to the invitation shall be conclusively deemed to be privileged and not from the basis of any action by me for slander, libel, or defamation of character.

I understand that should I not complete the Orientation Course within the prescribed 6 months from the date of my application that I will automatically be dropped from membership, and that there will be no refund of any portion of my dues or application fee.

I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time are established.

Dated: _____, 2_____

Signed: _____

(Original Signature of Applicant)

Dues must be accompanied with Board Application

IF APPLICABLE PLEASE ATTACH A COPY OF POCKET CARD WITH APPLICATION

NOTE: DUES PAYMENTS TO THE METRO SOUTH ASSOCIATION OF REALTORS® AND RPAC CONTRIBUTIONS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR THE FEDERAL INCOME TAX PURPOSES. DUES PAYABLE MAY, HOWEVER, BE DEDUCTIBLE AS ON ORDINARY AND NECESSARY BUSINESS EXPENSE.

Marketing Consent Form

PHONE, FAX AND EMAIL ARE THE PRIMARY WAYS IN WHICH WE COMMUNICATE WITH OUR MEMBERS

Name: _____

Address: _____

City, State, Zip _____

Telephone Number: () _____

Fax Number: () _____

Email: _____

I understand that by providing above my mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communications sent from The Metro South Association of REALTORS via U.S. mail, email, telephone, or Facsimile at those number(s)/location(s).

Signature: _____

Date: _____