



Southern Maryland Association of REALTORS®
NEW OFFICE & 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 301-870-2575 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®. (Copy will be given out at New Member Orientation)
- _____ I agree to attend the New Member Orientation Class that includes on-line REALTOR® Code of Ethics Training.
- _____ 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 timeframe. 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.

I hereby submit the following information for your consideration (Please type or print CLEARLY):

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

Real Estate License #: _____ Previous Last Name: _____

Licensed/Certified Appraiser: Yes No Appraisal License #: _____

Office Name: _____ Position: _____

Office Address: _____ Apt or Suite # _____
Street & PO Box (if applicable)

City _____ State _____ Zip _____

Office Phone: _____ Office Fax: _____

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

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

City _____ State _____ Zip _____

Physical Home Address: _____ Apt or Suite # _____
Street

City _____ State _____ Zip _____

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

Home Phone: _____ Home Fax: _____

Cell Phone: _____ County of Residence: _____

PLEASE CAREFULLY READ THE FOLLOWING:

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

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

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

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

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: _____.

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.

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: _____

Signature (broker/manager): _____ Date: _____

FOR DESIGNATED BROKERS/OFFICE MANAGERS:

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)
 Other, specify _____

Your position: Principal Partner Corporate Officer Majority Shareholder 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: _____
