

Saratoga Schenectady Schoharie Association of REALTORS®, Inc
Co-Owner of the Capital Region Multiple Listing Services, Inc.

Phone: (518) 885-4748 • FAX: (518) 885-4439
2254 Route 50, Saratoga Springs, New York 12866
• Web: www.sssar.com • E-mail: sssar@verizon.net



To The Saratoga Schenectady Schoharie Association of Realtors®, Inc.

I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of *\$ _____; Dues payable to the Saratoga Schenectady Schoharie Association of Realtors®. My application fee and dues will be returned to me in the event of non-election. 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 Board, 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. (*** Please call Association Board Office at 885-4748 for amount.**)

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board 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 submit the following information for your consideration:

Name: _____ (as shown on license)

Real Estate License #: _____

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

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Home Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____

Preferred Mailing: Home Office Preferred Phone: Home Office

The Association provides a bi-monthly newsletter. How would you like to receive your newsletter?

By Regular Mail _____ will read on line at www.sssar.com _____

Via -Email at: _____

(Please print)

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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: _____

Please provide number of years in Real Estate: _____

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 Number: _____

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 yes, please complete the following section:

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: Yes No

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Have you participated in a multiple listing service which is owned and operated by a Board or Association affiliated with the National Association of Realtors within the past three (3) years? Yes No

If yes, list the name of each MLS association and approximate dates of participation: _____

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: Yes No

Specialty: Residential Commercial Resort International
Other: _____

How long with current real estate firm? _____
Previous real estate firm (if applicable): _____
Number of years engaged in the real estate business: _____

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 Saratoga Schenectady Schoharie Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense.

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.

Member
Signature: _____ Dated: _____

- A photocopy of real estate/appraiser license and all applicable fees must be submitted with application.

SSSAR BOARD USE ONLY:

APPROVED BY: _____ Membership Chairperson

DATE: _____

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CAPITAL REGION MULTIPLE LISTING SERVICES REGISTRATION
~This form may also be used for membership update information~

In an effort to provide you with the best possible service our records need to be as current as possible. New member information inserted below will be forwarded to CRMLS so it can be included in their (Paragon) data base. You may also use this form to send us any changes (phone/address, etc.) you may have. Please fax this form to: **885-4439.**

PLEASE PRINT THE FOLLOWING INFORMATION

FULL NAME _____
(As it appears on your real estate license)

HOME ADDRESS _____
(STREET)

_____ *(CITY)* _____ *(STATE)* _____ *(ZIP)*

HOME PHONE _____ **HOME FAX** _____

PERSONAL WEB – SITE _____ **E-MAIL** _____

PHONE NUMBER AS YOU WANT IT TO APPPEAR ON THE MLS _____

OFFICE AFFILIATION _____

ADDRESS _____

OFFICE PHONE _____ **OFFICE FAX** _____

TYPE OF LICENSE(S) HELD:

DESIGNATIONS: *(example: CRS.GRI.etc.)*

- REAL ESTATE SALESPERSON
- REAL ESTATE BROKER
- APPRAISAL
- COMMERCIAL
- OTHER _____

LICENSE REGISTRATON NUMBER _____

LICENSE EXPIRATION DATE __/__/____

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PLEASE FILL OUT IF PAYING BY CREDIT CARD ONLY

(PLEASE PRINT)

NAME _____ DATE _____

COMPANY/REAL ESTATE OFFICE _____

HOME ADDRESS _____

CITY: _____ STATE _____ ZIP _____

Home phone () _____ Work Phone () _____

\$ _____

____ Mastercard ____ Visa ____ Discover ____

Please note: A \$5.00 credit card processing fee will be added to the total of the required dues.

Card#: _____ - _____ - _____ - _____ Exp.: ____ / ____

Cardholder Name: _____

Signature: _____

SSSAR USE ONLY:

Payment for (indicate)
Membership Dues: _____
Map Books: _____
Other: _____

APPROVAL # _____

Customer Receipt Requested:
Yes _____ No _____

Taken by: _____ Date: _____