

# CAROLINA SMOKIES ASSOCIATION OF REALTORS®, INC.

## APPLICATION FOR MEMBERSHIP (Secondary (out of NC) Membership)

I hereby apply for REALTOR Membership in the Carolina Smokies Association of REALTORS. I am enclosing my check for fees in the amount of \$\_\_\_\_\_, which is to 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, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitution, Bylaws, and Rules and Regulations. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

I hereby submit the following information for your consideration:

Name as shown on Real Estate License/ Appraiser Certification: \_\_\_ Miss \_\_\_ Mrs. \_\_\_ Mr.

License/Certification No. \_\_\_\_\_ \_\_\_ Broker \_\_\_ Salesman \_\_\_ Appraiser

Does your office comply with zoning requirements for its location? \_\_\_ Yes \_\_\_ No.

Office Name: \_\_\_\_\_

Office Address (mailing): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

(State Association files will be set up with this address only. If your mailing address, or your business telephone number changes, notify the State Office and your local Board Executive Officer immediately)

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Check whether: \_\_\_ Individual, \_\_\_ DBA, \_\_\_ Partner, \_\_\_ Corp.

My title or position with the firm: \_\_\_\_\_



131 Heritage Hollow Dr.  
Franklin, NC 28734

PHONE (828) 524-1179  
FAX (828) 524-8839  
E-MAIL ae@carolinasmokiesrealtors.com  
WEB SITE carolinasmokiesrealtors.com

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Are you actively engaged in the real estate appraising: \_\_\_\_\_ Yes \_\_\_\_\_ No.

You are authorized to contact the following references:

Name	Address	Phone
1. _____		
2. _____		

Acceptance as a member of the State Association automatically extends membership to the National Association. I agree to pay the established fees as long as I remain a member of this Board, and understand that present fees are: Application Fee \$200.00, plus membership dues of \$ \_\_\_\_\_. It is understood that this application and the fees stated include membership in NCAR and NAR Associations.

Dated: \_\_\_\_\_, 20\_\_\_\_ Signed: \_\_\_\_\_

## PERSONAL DATA

Place of Birth: \_\_\_\_\_  
(City) (County) (State)

Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_  
(Month) (Day)

Highest Level of Education: \_\_\_\_\_

First entered real estate or appraisal business: \_\_\_\_\_

Have you been engaged continuously in the business since then? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If not, during what years were you in business? \_\_\_\_\_

Membership in professional societies, fraternal orders, service organization, Board of REALTORS or political office, etc:

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First licensed/certified in North Carolina: \_\_\_\_\_, 20\_\_\_\_

And continuously licensed/certified since: \_\_\_\_\_, 20\_\_\_\_

Established in present location: \_\_\_\_\_, 20\_\_\_\_

Last previous location: \_\_\_\_\_

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Resident here since: \_\_\_\_\_, 20\_\_\_\_

Previous residence: \_\_\_\_\_  
(City) (County) (State)

Are you a member of any local Board? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If "Yes", where: \_\_\_\_\_  
(Name of Board and Location)

From: \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_, 20 \_\_\_\_

Have you participated in a Multiple Listing Service? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Where? \_\_\_\_\_

In what type of appraisal work do you specialize?"

Are you now employed or engaged in any other business or profession: \_\_\_\_\_ Yes \_\_\_\_\_ No.

\_\_\_\_\_  
(Position, Location, Dates)

Have you/firm ever been disciplined by a local Board? \_\_\_\_\_ Yes \_\_\_\_\_ No.

By a licensing agency? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, give details: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If so, give details: \_\_\_\_\_

Attach separate sheet(s) as required.

**REQUEST FOR SUBSCRIPTION**  
**TO THE CAROLINA SMOKIES MULTIPLE LISTING SERVICE**

I, \_\_\_\_\_ (REAL ESTATE LIC. NUMBER, OR  
APPRAISAL CERTIFICATION # \_\_\_\_\_),  
ACKNOWLEDGE RECEIPT OF COPIES OF THE MLS BY-LAWS, RULES, REGULATIONS,  
POLICIES, PROCEDURES, AND GUIDELINES, EACH OF WHICH I HAVE READ COMPLETELY,  
AND I AGREE TO FULLY ADHERE TO AND COMPLY WITH.

FIRM AFFILIATED WITH: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_  
(Name of individual applicant, please type or print)

\_\_\_\_\_  
(Signature of individual applicant)

DATE YOU REQUEST SERVICE TO START: \_\_\_\_\_