

**CAROLINA SMOKIES ASSOCIATION OF REALTORS® , INC.**  
*North Carolina's Largest Trade Association*

## **APPLICATION FOR MEMBERSHIP NEW OFFICE**

I hereby apply for approval of membership of the real estate office known as \_\_\_\_\_ in the Carolina Smokies Association of REALTORS®, the North Carolina Association of REALTORS®, Inc., and the National Association of REALTORS®. I am enclosing my check for a new office fee in the amount of \$1,000.00, which is to be returned to me in the event of non-approval. In the event of approval, 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:

Broker of Record

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

\_\_\_\_\_

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

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

Office Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

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

Partners, or Officers (if a Corp.):

\_\_\_\_\_

\_\_\_\_\_

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.

**By signing below, I understand and agree that a requirement of membership is that I complete an MLS Orientation within 30 days and a Code of Ethics Orientation within 100 days of membership approval by the Board of Directors of the Carolina Smokies Association of Realtors®. I also understand and agree that my failure to attend these Orientations may result in my loss of MLS access/privileges and/or my dismissal from the Carolina Smokies Association of Realtors® and the requirement that I reapply and pay the application fee again.**

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

Signed: \_\_\_\_\_

This application submitted through: \_\_\_\_\_

\_\_\_\_\_

(REALTOR® MEMBER)

**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: \_\_\_\_\_

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(Name of individual applicant, please type or print)

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(Signature of individual applicant)

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