



APPLICATION FOR MEMBERSHIP

(Secondary (within 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

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: _____

This application submitted through: _____

Signature of Broker In Charge (REALTOR® MEMBER)

PERSONAL DATA

Place of Birth: _____
(City) (County) (State)

Date of Birth: _____ S.S.# _____
(Month) (Day) (Year)

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:

First licensed/certified in North Carolina: _____, 20 _____

And continuously licensed/certified since: _____, 20 _____

Established in present location: _____, 20 _____

Last previous location: _____

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: _____