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**APPLICATION FOR REALTOR® MEMBERSHIP**  
WINSTON-SALEM REGIONAL ASSOCIATION OF REALTORS®, INC.  
195 EXECUTIVE PARK BLVD.  
WINSTON-SALEM, NORTH CAROLINA 27103  
PHONE (336) 768-5560 | FAX (336) 768-7295



**Please Note:** You cannot save data typed into this form. We recommend that you print two copies of the filled-out form: (1) one copy to submit and (2) one copy for your personal records. You may scan and email (troberts@wsrar.com) or fax to WSRAR.

I hereby apply for Membership in the WINSTON-SALEM REGIONAL ASSOCIATION OF REALTORS®, Inc. and am enclosing my check for the application fee in the amount of \$\_\_\_\_\_ and dues in the amount of \$\_\_\_\_\_. **I understand that dues and fees are non-refundable and will not be returned after my application is received.** I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, (including the obligation to arbitrate controversies arising out of real estate transactions as specified in the Code of Ethics and Arbitration Manual), and the Constitution, Bylaws, and Rules and Regulations of the Local, State, and National Associations, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitution & Bylaws, and Rules & 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 the 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.

*NOTE: Applicant acknowledges that if accepted as a member and 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® member.*

I hereby submit the following information for your consideration:

Name (AS SHOWN ON REAL ESTATE LICENSE) \_\_\_\_\_ Nickname: \_\_\_\_\_

Type of License:  Real Estate Broker  Licensed/Certified Appraiser License#: \_\_\_\_\_

Year Licensed in North Carolina: \_\_\_\_\_ Do you hold, or have you ever held, a real estate license in another state? \_\_\_\_\_

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

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Preferred Phone:  Home  Cell  Direct Line Preferred Mailing:  Home  Office

Preferred Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Last Four Digits of your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Education: High School \_\_\_\_\_ yrs. College \_\_\_\_\_ yrs. Degree Earned: \_\_\_\_\_ School: \_\_\_\_\_

Give brief resume since entering real estate or past five (5) years of employment:

Membership in Professional Societies, Fraternal Orders, Service Organizations, Civic Organizations, or Political Office, etc.

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

If so, where? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

If you are now or have ever been a REALTOR®, indicate your NAR membership NRDS #: \_\_\_\_\_  
and last date of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_

Specialty:  Residential  Commercial  Property Management  Appraisal  Other: \_\_\_\_\_

Are you now employed or engaged in any other business or profession?  Yes  No

(If yes, please give your position & the location of your other activities)

Have you been found in violation of the Code of Ethics or other membership duties in any other 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.)

Have you ever been disciplined by the North Carolina Real Estate Commission or found in violation of another state's real estate licensing regulations within the last three (3) years?  Yes  No If so, give details:

Are you involved in any pending bankruptcy or insolvency proceedings or have you been adjudged bankrupt in the past three (3) years?  Yes  No If so, give details:

Have you ever been convicted of a criminal offense other than minor traffic violations:  Yes  No If so, give details:

**If you are you a principal, partner, corporate officer or branch office manager please complete the following information:**

Your position:  Principal  Partner  Corporate Officer  Branch Office Manager  Other: \_\_\_\_\_

Company information:  Sole proprietor  Partnership  Corporation  Limited Liability Company

Names of principals, partners, or corporate officers of your firm: \_\_\_\_\_

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, may be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Winston-Salem Regional Association of REALTORS®, Inc. are not deductible as charitable contributions. Such payments may, however, be deducted as an ordinary and necessary business expense. Dues payments are non-refundable.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries (MLS) 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.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Broker-in-Charge: \_\_\_\_\_