



## 2021 MEMBERSHIP APPLICATION

### OFFICE USE ONLY

PROCESS DATE: \_\_\_\_\_

NRDS # \_\_\_\_\_

OFFICE # \_\_\_\_\_

- ☐ Growthzone
- ☐ CC
- ☐ Onpoint
- ☐ Code of Ethics on-line

I am applying for: (type of membership)

- ☐ REALTOR\*
- ☐ Designated REALTOR (Broker-in-Charge) ☐ Appraiser
- ☐ Secondary
- ☐ Transfer\*
- ☐ MLS (NCRMLS ONLY)\*

\*You must be licensed with a firm whose broker is a member of OCHAR

### SECTION 1 – PERSONAL INFORMATION:

Real Estate License # \_\_\_\_\_

Appraiser License # (if applicable) \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Address: (if different than firm address) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_ ☐ Cell ☐ Office ☐ Home

Preferred Mailing Address: ☐ HOME ☐ OFFICE

Email Address (**required**): \_\_\_\_\_

Personal Website: \_\_\_\_\_

If formerly a member of the Orange Chatham Association of REALTORS®, indicate the last year that you were a member \_\_\_\_\_. Did you resign a member in good standing? ☐ YES ☐ NO

Are you currently or have you ever been a member of any other Association of REALTORS®?

☐ YES ☐ NO

If yes, name of Association: \_\_\_\_\_

*If transferring from another Association, please include a letter in good standing with your application.*

### SECTION 2 – FIRM AFFILIATION:

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

Company Website: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Designated REALTOR® Confirmation:** I, (print name) \_\_\_\_\_ as employing Broker, recommend the acceptance of (print applicant's name) \_\_\_\_\_ for membership in the Orange Chatham Association of REALTORS®, and hereby affirm that the applicant is a real estate salesperson or licensed appraiser with (print firm name) \_\_\_\_\_. I understand I am responsible for payment of annual membership dues for all active licensees affiliated with this firm. I agree to notify the Orange Chatham Association of REALTORS® in writing within 10 days if applicant terminates affiliation with this firm. A fine of \$150 shall be imposed to the firm for failure to comply with this requirement.

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 – MEMBERSHIP DUES/APPLICATION FEE:**

	<b>Initiation Fee</b>	<b>Annual Dues (includes Local, State, National Fees)</b>
REALTOR	\$300	\$625
Broker-In-Charge	\$300	\$625+ non-member assessments
Secondary	--	\$255
REALTOR Transfer	--	\$255
Non-Member	--	\$540

**Monthly Prorated Dues Structure for REALTOR® members**

Jan	\$625.00	Feb	\$575.83	Mar	\$526.67	Apr	\$477.50
May	\$428.33	Jun	\$379.17	Jul	\$330.00	Aug	\$280.83
Sep	\$231.67	Oct	\$182.50	Nov	\$133.33	Dec	\$84.17

ALL FEES AND DUES ARE NON-REFUNDABLE. Transferees and secondary members with active membership in another Association/Board must submit a letter of good standing from that Association/Board plus the appropriate prorated share of local dues.

## APPLICANT'S AGREEMENT

I hereby apply for REALTOR® Membership to the Orange Chatham Association of REALTORS® (OCHAR) and am enclosing my payment in the amount of \$300 for a one time initiation fee and \$ see prorated dues above for my annual dues. I understand that REALTOR® membership is provisional based on Board of Director approval of application, completion of new member orientation and Code of Ethics training. I understand that application fees are nonrefundable, unless the Board of Directors elects not to approve my membership in the Association. I agree to complete the mandatory orientation program, which includes an Ethics class, within six (6) months of joining the Association. Failure to meet these requirements will result in termination of membership. I also agree to abide by the Code of Ethics of the National Association of REALTORS®, which include the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of OCHAR, the State Association and the National Association. I understand membership brings certain privileges and obligations that require compliance, including but not limited to proper use of the term REALTOR® and the REALTOR® logo. I understand that I will be required to complete periodic Code of Ethics training in addition to the initial orientation program within specified 4-year cycles as a continued condition of membership.

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 proceedings 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®.

If currently or previously a REALTOR® member of the National Association of REALTORS®, I acknowledge that I have not been found in violation of the Code Ethics or other membership duties in any Association of REALTORS® in the past three (3) years and there are no complaints pending.

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 Association, I shall pay the fees and dues as established. **In the event I fail to maintain eligibility for membership, or discontinue membership, I understand I will not be entitled to a refund of dues and fees for any reason.** NOTE: Payments to the Orange Chatham 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® Association (local, state, national) 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.

I further acknowledge and understand that the Association may object to my use of any company name or website name which, in the Association's sole determination, is confusingly similar to any name used in commerce by the Association that the Board of Directors believes would leave the public confused.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Credit Card Authorization Form

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard  
                              \_\_\_\_\_ American Express    \_\_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (3 digits located on back of card): \_\_\_\_\_

Authorized Amount: \$\_\_\_\_\_

Signature: \_\_\_\_\_

After the processing of this information, the form will be disposed of properly so as to protect your identity and personal information. Credit Card numbers ARE NOT stored on your membership record to protect our members and the association.