



Gainesville-Alachua County Association of Realtors

**Gainesville-Alachua County
Association of REALTORS® , Inc.**
1750 NW 80th Boulevard * Gainesville, Florida 32606
Telephone: (352) 332-8850 * Fax: (352) 331-7911
E-mail: khiggins@gacar.com * Website: www.GACAR.com

APPLICATION FOR REALTOR MEMBERSHIP

*To help us better serve you, please call to schedule an appointment
between 9 am and 4:30pm and allow 30 minutes to process your application.*

Today's Date: _____

I, _____ hereby apply for REALTOR membership in the Gainesville-Alachua County Association of REALTORS® (GACAR), and am enclosing total payment in the amount of \$_____ (which represents the application fee of \$300.00 plus \$_____ for my 2019 year dues) payable to the Gainesville-Alachua County Association of REALTORS.

I understand my membership is provisional and may be revoked and all monies paid with this application forfeited should I fail to complete the Orientation program within **90** days from the date of this application.

In the event my membership is approved, I agree as a condition of membership to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, and the Constitution, Bylaws and Rules and Regulations of the Gainesville-Alachua County Association of REALTORS®, the Gainesville Multiple Listing Service, the Florida Association of REALTORS® (FAR) and the NATIONAL ASSOCIATION OF REALTORS®.

I further agree that my act of paying the initial dues and subsequent annual dues, shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitution, Bylaws and Rules and Regulations as from time-to-time amended. I also understand that I will be required to take a Code of Ethics course within specific 2-year periods.

I further agree to enter into binding arbitration of all controversies involving the payment or division of commissions as required by the Code of Ethics in accordance with the National Association of REALTORS Code of Ethics and Arbitration Manual, as from time-to-time amended.

Upon the expiration or termination of my membership, for any reason, I will immediately discontinue using the designation "**REALTOR**" and return to the Association all certificates, signs, seals or other indications of membership in the Gainesville-Alachua County Association of REALTORS® Inc., the Florida Association of REALTORS® and the National Association of REALTORS®.

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 applicants 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®.

**** NOTE:** If you are a new Broker/Sales Associate, this application will not be processed until a signed RE 10 or RE 11 or a copy of the DBPR Confirmation is provided.

REALTOR® - is a registered mark which identifies a professional in Real Estate who subscribes to a strict Code of Ethics as a member of the NATIONAL ASSOCIATION OF REALTORS®

I HEREBY SUBMIT THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION
PLEASE PRINT

Information as shown on Real Estate License: Ms. Miss Mr. Mrs.

First Name: _____ Middle Initial _____ Last Name: _____

What professional designations to you hold (CCIM, CRS, CRB, GRI, etc)? _____

Real Estate License Information – attach a photocopy of your license.

License Number: _____ License renewal date: _____

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Salesperson | <input type="checkbox"/> Broker-Salesperson | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Certified General Appraiser | <input type="checkbox"/> Certified Residential Appraiser | |
| <input type="checkbox"/> Licensed Appraiser | <input type="checkbox"/> Registered Assistant Appraiser | |

Firm Name: _____ Firm Address: _____

Firm Phone Number: _____ Firm Fax Number: _____

Personal or Work Email Address: _____

Your Home Address: _____

Your Home Phone Number: _____ Cell Phone Number: _____

Please send my mail to: Office address Home Address Do you participate in Facebook? Yes No

Primary field of business (please check all that apply) Languages: _____

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential Property Management |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Land | <input type="checkbox"/> Appraisal |

Are you currently a member of another Board/Association affiliated with the NAR? Yes No

If "Yes", name of each Board/Association and type of membership held: _____

If "Yes" will GACAR become your Primary Association? Yes No

What date (year) did you last take the Code of Ethics Course? _____

Have you previously held membership in another Board/Association affiliated with the NAR? Yes No

If "Yes", name of each Board/Association, type of membership and dates: _____

Have you been found in violation of the REALTORS Code of Ethics or other membership duty within the past three years?

Yes No

If yes, please attach a copy of the Decision of Ethics Hearing Panel. (Form E-11)

Do you have any Ethics or Arbitration request pending with another REALTOR Board/Association? Yes No

Do you have any unsatisfied discipline, unpaid arbitration awards or unpaid financial obligations pending with another REALTOR Board/Association or MLS? Yes No

If "Yes", please state the name of the Board/Association: _____

Are you the designated REALTOR or branch manager for your firm? Yes No

If yes, please complete the information in the box on the next page.

Complete this box only if you are the designated REALTOR or branch manager for your firm.

Company Information: Individual DBA Partnership Corporation

Your position: Principal Partner Corporate Officer Trustee Employee
 Corporate Officer Other _____

Names of Principals/Partners/Officers/Trustees of your firm: _____

Have you ever been refused membership in any other real estate Association/Board/Council? Yes No

If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Is the office address, as stated, your principal place of business? Yes No

If not, or if you have any branch offices, please indicate and give address: _____

Do you hold, or have you held, a real estate license in any other state? Yes No

If so, where: _____

Have there been any complaints, within the past three years, against you or the firm with which you are/were associated?

Yes No

If yes, please specify: _____

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 Gainesville-Alachua County Association of REALTOR, I shall pay the fees and dues as from time-to-time established. Note: Payments to the Gainesville-Alachua County are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent to the REALTOR Associations (local, state and national) and their subsidiaries (e.g. MLS, etc.,) contacting me at any address, telephone numbers, fax numbers, email address as set forth in this application for membership or by 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 communication that I am waiving so that I can receive all communication as part of my membership.

Dues, fees and assessments are non-refundable.

Signature: _____ Date: _____

PRIMARY FIELD OF BUSINESS

Please choose 1 as your primary field of Business to be added to NAR as a Residential Realtor ®. if you are not a Residential Realtor, please ask for an addical feild of Bussiness form ie. commerical or Other .

RESIDENTIAL

- 100 General Residential Sales
- 101 Existing Homes (Resales)
- 102 New Homes
- 103 Buyer Brokerage
- 104 Manufactured Homes (including Mobile Homes)
- 105 Residential Lots
- 106 Resort Specialist
- 107 Condominiums
- 108 International
- 109 Appraisal
- 110 Second Homes
- 111 Vacation Rentals
- 112 Timeshare Sales
- 113 Farm And Ranch
- 120 Brokerage Management
- 121 Corporate Management
- 122 Sales Management
- 123 Trainer/Instructor/Educator
- 124 Marketing/Research
- 125 Office Administrative Support Staff (licensed)
- 126 Office Administrative Support Staff (unlicensed)
- 130 Single Family
- 131 Multi-Family
- 132 Condos; Resorts; Time Shares

Sign _____

Date _____

2019 MEMBERSHIP REQUIREMENTS

Attendance at the Orientation program is a requirement of membership that must be fulfilled within ninety (90) days of this application. The Orientation program is split into 2 classes, **New Member Orientation** and **Code of Ethics Training** held from **9:00 a.m. - 4:30 p.m.** at the Association Office:1750 NW 80 Blvd, Gainesville. You may take the **New Member Code of Ethics** online at **www.realtor.org** and fulfill one half of the required course. **MLS Training**, which will be held at the association office **9:00-12:00PM**, must be completed within ninety (90) days of this application. Please select one date for each class. Remember the date chosen must be within 90 days from the date you joined the association.

Schedule 2019 Orientation & COE

- F February 6th
- April 3rd
- June 5th
- August 7th
- October 2nd
- December 4
- New Member Code of Ethics** -Online Course www.realtor.nar* (eligible for half day of Orientation)

Schedule for 2019 MLS Training

- February 15th
- April 19th
- June 14th
- August 16th

Paragon Academy Online
<http://paragonconnect.paragonrels.com/paragon-academy>

I understand I have ninety days (90 days) from the date of this application in which to attend both segments of the Orientation program. I also understand that failing to do so may result in the following:

1. Forfeiture of Super Key Service and fee
2. Forfeiture of application fee and dues
3. Forfeiture of services

Please understand that the fees collected are prorated. MLS dues are paid through June 30th, GACAR dues are paid through December 31st, and Supra fees (paid separately) are paid through March 13.

Applicant Signature: _____ Date: _____

Office Use Only

NRDS # 2595 _____ *Please log into Paragon within 4hrs of receiving password.

Paragon ID#: _____ **Password will be emailed to you** **GACAR** Log in: current email Password: **Password1**
www.gacarmls.com www.gacar.com

REALTOR Dues & Fees:

Application Fee (one time) \$ _____

GACAR dues \$ _____

FR dues \$ _____

FR Assessment \$ _____

FR Processing Fee \$ _____
 checked if waived []

NAR dues \$ _____

NAR Assessment \$ _____ thru 12/31/1

Total \$ _____

Supra Active Key/EKey _____
 Pin # _____
 (paid separately, amount varies)
 \$50.00 Activation
 Key Fee: _____
MLS Dues: prorated
 MLS Dues \$ _____ thru 6/30/1

Grand Total \$ _____

Paid by: [] check no. _____ [] credit card [] cash

Final Total: _____
 *Includes key payment