



Gulf Coast Association of REALTORS®, Inc. APPLICATION FOR REALTOR® MEMBERSHIP

YOUR PREFERRED E-MAIL ADDRESS: _____

To the Gulf Coast Association of REALTORS®, Inc., I _____ hereby apply for REALTOR® Membership in the above named Board and am presenting with payment in the amount of \$ _____ **for my Dues payable to GCAR.** My Dues will 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 the Constitution, Bylaws and Rules and Regulations of **GCAR**, the Mississippi Association of REALTORS®, Inc. and the National Association of REALTORS®, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I consent that **GCAR**, 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 understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

***NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board/Council 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®.*

I hereby certify that the foregoing information furnished by me is true and correct. I submit the following information for your consideration:

All REALTOR Members are required to complete the Quadrennial Code of Ethics every two years. 2017 starts the beginning of a new two year period. To become compliant, you will need to go to the www.realtor.org, click on Education then click Code of Ethics Training and follow screen prompts. If you do not know your NRDS ID# you will need to call your local board. If you are new to the realtor.org site you will need to register first.

Your Name: _____

Real Estate License #: _____

Office Name: _____

Office Address _____

Phone #: _____

Fax #: _____

Complete Residential Address: _____ ZIP _____

Phone #: _____ Email: _____

Fax #: _____ Cell #: _____

Preferred Mail: _____ **Home** _____ **Office**

(The 7 questions below are not criteria for membership, but used to establish passwords and historical data)

Drivers License Number _____ Date of Birth: ____ / ____ / ____

(circle one) Male or Female

Highest level of education completed: _____ First entered the real estate business in: _____

Have you been engaged continuously in the business since then? _____ If not, what years in real estate.? _____

In what other business have you been engaged _____

Are you now employed or engaged in any other business? _____ If yes, where?

How long with current real estate firm? _____. Previous real estate firm (if applicable)

Are you a member of any other real estate Board/Council of REALTORS®? _____ If yes, name of Board/Council and type of membership held: _____

Have you previously held membership in any other Board/Council? _____

If yes, name of Board/Council and type of membership held:

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS)

#: _____

Are you a designated broker or branch manager? _____ If yes, you must also complete the remaining pages of this application.

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 Board, I shall pay the fees and or dues as from time to time established. **NOTE:** Payments to **GCAR** are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Dated: _____ Signature: _____

Mail to: Gulf Coast Association of REALTORS®, Inc., 141 DeBuys Road, Suite A, Gulfport, MS 39507
Phone: (228) 896-3122; Fax: (228) 896-3063; E-mail: Lee@GCAREaltors.com

FOR DESIGNATED BROKERS/BRANCH MANAGERS

Does your office comply with zoning requirements for its location? _____

Company information: ___ Individual ___ DBA ___ Partnership ___ Corporation

Your position: ___ Principal ___ Partner ___ Corporate Officer ___ Trustee ___ Employee

___ Independent Contractor ___ Other: _____

Names of Principles/Partners/Officers/Trustees of your firm:

Have you ever been refused membership in any other real estate Board/Council? _____

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? _____

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

In what areas of real estate do you specialize? _____

Principals, please list institution in which you maintain your escrow account: _____

Do you hold, or have you ever held, a real estate license in any other state? _____

If yes, please specify name of state and license number:

Have there been any complaints, within the last five years, against you or the firm with which you are associated? _____

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 Board, I shall pay the fees and/or dues as from time to time established. **NOTE:** Payments to **GCAR** are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Dated: _____

Signature: _____

Mail to: Gulf Coast Association of REALTORS®, Inc., 141 DeBuys Road, Suite A, Gulfport, MS 39507
Phone: (228) 896-3122; Fax: (228) 896-3063; E-mail: Lee@GCARealtors.com

Mississippi REALTOR® Membership Transmittal Form

For Adding New Members and Reporting Changes (*items in italics are required data*)

P BOARD NAME: Gulf Coast Association of REALTORS7, Inc. Board Number: 5315 Dated: _____
____ New Member (Start Date _____) _____ Update Data
____ Drop (Date _____) _____ Reinstatement (Date _____)
____ Transfer (from _____ to _____)

P CHANGE OF NAME OR CLASSIFICATION

Member Name Change to: _____
Office Name Change to: _____
New Phone #: _____ New Fax #: _____
Membership Class Change from _____ to _____

P MEMBERSHIP DATA

NRDS ID# _____ Driver=s License #: _____
Title: () Mr. () Mrs. () Ms. MREC License Number: _____
Name: First _____ Middle: _____ Last: _____
Gender: (circle one) Male Female Date of Birth ____/____/____/
Member Type: _____ REALTOR7 _____ Designated REALTOR7 _____ REALTOR7 Associate
_____ Affiliate _____ Nonmember Salesperson (list DR name below):
_____ Institute Affiliate \$ DR _____
\$ DR SS #: _____

Office Name: _____
Office Address: _____
City: _____ State _____ Zip _____
Office Telephone #: _____ Office Fax #: _____
Cellular Telephone #: _____ Toll-Free #: _____
E-Mail Address: _____ Website: _____
Home Address: _____
City: _____ State _____ Zip _____
Home Phone: _____ Preferred Mail to: _____ Office _____ Home _____
Primary Local Board/Assn: _____
Secondary Local Board/Assn: _____ Secondary State Assn: _____

P DUES (Dues Section For Office Use Only)

Previously included in office non-member salesperson count report to NAR/MAR? ____ Yes ____ No
Dues Remitted: NAR \$ _____ NAR Assessment: \$ _____ MAR \$ _____ MAR Processing fee \$ _____ Local \$ _____
TOTAL: \$ _____

P DEMOGRAPHIC INFORMATION (Required for new realtor members)

Year licensed as salesperson: _____ Year licensed as broker: _____

What is the highest level of school you completed? (circle one) Some high school High School

Some College Bachelor=s Degree Master=s Degree Doctorate

4. REALTOR7 Educational Designations held (circle all that apply):

ABR \$ GRI \$ CCIM \$ CPM \$ CRB \$ CRS \$ MAI \$ LTG \$ CRE
ALC \$ CIPS \$ RLI \$ GAA \$ RAA \$ SIOR \$ RCE \$ Other



**Gulf Coast Association of REALTORS®[®], Inc. &
Mississippi Gulf Coast Multiple Listing Service, Inc.**

MARKETING CONSENT FORM		
Name:		
Address:		
City:	State:	Zip Code:
Telephone Number: ()		
Fax Number: ()		
Email Address:		

I understand that by providing above my mailing addresses, email addresses, telephone number/s, and fax number/s, I consent to receive communications sent from the Gulf Coast Association of REALTORS®[®], Inc., the Mississippi Gulf Coast Multiple Listing Service, Inc., Mississippi Association of REALTORS®[®] and the NATIONAL ASSOCIATION OF REALTORS®[®] via U.S. mail, email, telephone, or facsimile at those number(s)/location(s).

Signature: _____

Date: _____