



78 11th Street • Apalachicola, Fl. 32320
(850) 653-3322 • Fax (850) 653-3710
Gloria@rafgc.com • www.rafgc.com

Please have all of the following information. Applications will not be processed without it.

1. Completed application with Designated Broker / Certified Appraiser Signature.
2. Office information including license number, phone number, and fax numbers.
3. Copy of Real Estate License / Appraisal License
4. Copy of Office License if you are submitting an office application.
5. Check, Credit Card or Cash (applications will not be processed without payment)
6. If you are a member of another Association or Board of REALTORS®, you must bring a "Letter of Good Standing" and your NRDS I.D. # with you. These can both be obtained by contacting the Association or Board of REALTORS® where you currently hold membership.

If you have any questions or would like to set up an appointment, please call our office at (850) 653-3322 or email gloria@rafgc.com.



APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the

REALTOR® Association of Franklin & Gulf Counties

Application Fees and Dues: Enclosed is payment in the amount of \$300.00 (broker) or \$250 (agent) for my one-time application fee. Annual REALTOR dues of \$468.00 are billed quarterly

*Membership dues are pro-rated on a monthly basis according to the join date on the application and paid quarterly. **There are no refunds***

Qualifications for Membership. I understand that membership brings certain privileges and obligations that require compliance, including the following:

- I will attend orientation within **60 days** of the Association confirming my membership. Failure to meet this requirement may result in having my membership terminated.
- Membership in the Association necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association’s bylaws.

NOTE: *The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.*

CONTACT INFORMATION:			
First Name		Middle Name	
Last Name		Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.	
Nickname (DBA):			

Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Fax:					
Primary E-mail:				Secondary E-mail:	
May the Association, as well as the State and the National Associations, communicate with you via text message?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, PLEASE PROVIDE YOUR CELL PHONE CARRIER.					
LICENSE INFORMATION:					
Broker or Salesperson's License #					
State of Licensure:			Appraisal License #		
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where:					

COMPANY INFORMATION:					
Office Name:					
Office Address:					
Office Phone:			Fax:		
Company Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify					
Your position: <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder					
<input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other					
Names of other Partners/Officers of your firm:					
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, or if you have a branch office, please provide that address:					
Address:					
City:		State:		Zip:	

PREFERRED MAILING/CONTACT INFORMATION:					
Preferred Phone:		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell			
Preferred E-mail:		<input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail			
Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate					
Mail Publications to: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate					

Office Mailing Alternate:				
Address:				
City:		State:		Zip:
Member Mailing Alternate:				
Address:				
City:		State:		Zip:

APPLICANT INFORMATION:				
Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, name of Association				
Type of membership held:				
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, name of Association				
Type of membership held:				
Do you have any unsatisfied discipline pending for violation of the Code of Ethics ? ² <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide details.				
If you are now or have been a REALTOR® member before, please provide the information below.				
Previous NAR membership (NRDS) #				
Last date (year) of completion of NAR's Code of Ethics training requirement:				

¹ The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at: www.realtor.org/mmm.

² Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

Have you ever been refused membership in any other Association of REALTORS®? Yes No

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

Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? Yes No

If yes,
provide
details:

Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction? Yes No

If yes,
provide
details:

Additional Optional Applicant Information to be completed and considered only if the Association has adopted Section 2(c) from Article V of the NAR Model Bylaws.

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years? Yes No

If yes, provide details.

Are there pending ethics complaints against you? Yes No

If yes, provide details.

Do you have any unsatisfied discipline pending ? Yes No

If yes, provide details.

Are you a party to pending arbitration request? Yes No

If yes, provide details.

Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? Yes No

If yes, provide details.

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 from time to time established. **NOTE:** Payments to the Association of REALTORS® 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 that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) 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.

Dated: _____

Signature: _____

OPTIONAL INFORMATION

How long with current real estate firm?

Previous real estate firm (if applicable):

Number of years engaged in the real estate business:

Field of Business (Specialties)?

Languages Spoken?

REALTOR® / MLS AGREEMENT*

I agree as a condition of participation in the MLS of the REALTORS® Association of Franklin and Gulf Counties to abide by all relevant bylaws, rules and regulations and other obligations of participation, including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as association members, as established in the Code of Ethics and Arbitration Manual, including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other Realtors in accordance with the established procedures of the association. I understand that a violation of the Code of Ethics may result in suspension or termination of MLS rights and privileges and that I may be assessed an administrative processing fee not to exceed \$500 which may be in addition to any discipline, including fines, that may be imposed. I further agree that failure to pay MLS participation fees in a timely manner will result in discontinuation of access until such fees, including a late charge, are paid.

I understand that my application will not be processed without payment of the quarterly MLS Service Fee of \$117.00.**

I request the following Password: _____
(Up to 8 characters)

Agent: _____ Date: _____
(Signature)

Designated Broker: _____ Date: _____
(Signature)

*** Application will not be processed unless it is completed entirely.**

**** Annual MLS Fees are \$468, prorated on a monthly basis according to the join date on the application.**