



**JCAR APPLICATION FOR REALTOR®/APPRAISER MEMBERSHIP**

918 US Hwy 42 W  
Clayton, NC 27520  
Tel: 919-550-0252 Fax: 919-882-1196  
Email: admin@jcrealtors.org Website: www.jcrealtors.org



To the Johnston County Association of REALTORS®, I hereby apply for Secondary REALTOR® Membership in the above named Board and am enclosing my payment for JCAR Secondary dues.

Annual Secondary REALTOR® dues for the current year are: \$250.00 (includes membership in the Johnston County Association of REALTORS®, but does NOT include membership in the Board’s MLS, which requires payment of a separate fee). Secondary dues are prorated quarterly.

**Dues Amounts**

January-December	\$250.00
April-December	\$200.00
July-December	\$150.00
October-December	\$ 100.00

I hereby submit the following information for your consideration:

NAME *(to be filled in exactly as name appears on real estate or appraisal license)*:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Email Address: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

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

Licensed/certified appraiser: Yes No Appraisal License #: \_\_\_\_\_

NOTE: Copy of real estate or appraisal license must be attached to this application.

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

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

Office Phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

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

Street City State Zip

Home Phone: \_\_\_\_\_ Personal fax: \_\_\_\_\_

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

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

Preferred Publication Mailing: Home Office Street Office Mail Alternate Member Mail Alternate

Preferred Phone: Home Office Cell

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: \_\_\_\_\_

**If a Primary member of any other Association of REALTORS®, a letter of good standing must accompany this application.**

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

If yes, name of Association and type of membership held: \_\_\_\_\_

\_\_\_\_\_

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 or are there any such complaints pending? Yes No (If yes, provide details as an attachment)  
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: \_\_\_\_\_  
And last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_  
Are you a principal, partner, corporate officer or branch office manager? Yes No if yes, you must also complete 2<sup>nd</sup> page 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 dues as from time to time established. NOTE: Payments to the Johnston County Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. 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.

By signing below I consent that the REALTOR® Association (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.

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

Dated: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

The undersigned Broker-in Charge hereby acknowledges that the applicant is affiliated with the firm.

Dated: \_\_\_\_\_ Broker-in-Charge Signature: \_\_\_\_\_

**IF APPLICANT IS A DESIGNATED BROKER/BROKER-IN-CHARGE, YOU MUST ALSO COMPLETE PART 2 OF THIS APPLICATION**

Company information: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)  
Other, specify: \_\_\_\_\_

Your position: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager

Names of other Partners/Officers of your firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I understand that in accordance with the dues formula of the National Association of REALTORS®, the firm's Designated REALTOR® will be assessed an annual fee for each actively-licensed real estate broker or appraiser employed by or affiliated with the firm who is not a REALTOR® Member of this or any other board of REALTORS® in this or a contiguous state.

Dated: \_\_\_\_\_ Broker-in-Charge Applicant Signature: \_\_\_\_\_