

**NON-MEMBER INFORMATION FORM**

Phone: 704-940-3110 Fax: 980-556-7803

Email: membership@canopyrealtors.com

**PERSONAL INFORMATION:**

**NAME** (as shown on **R.E./Appraiser** license, attach copy): \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date.: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Direct Ofc Phone: \_\_\_\_\_

Preferred Phone: \_\_\_ Office \_\_\_ Cell \_\_\_ Direct Ofc \_\_\_ Other ( \_\_\_\_\_ )

Preferred mailing address: \_\_\_ Office \_\_\_ Home \_\_\_ Other/PO Box ( \_\_\_\_\_ )

E-mail: (Required) \_\_\_\_\_

License # (primary): \_\_\_\_\_ Licensure State: \_\_\_ NC \_\_\_ SC Lic. Type: \_\_\_ Real Estate \_\_\_ Appraiser

Do you hold additional R.E. and/or Appraisal licenses (active or inactive) other than the one listed above? \_\_\_ Yes\* \_\_\_ No

\* If Yes, License No. \_\_\_\_\_ Licensure State: \_\_\_\_\_ Type: \_\_\_ Real Estate \_\_\_ Appraiser

**OTHER INFORMATION:**

Are you now or have you previously been a member with Canopy or **any** Realtor® Association? \_\_\_ Yes\* \_\_\_ No

\*If Yes, please indicate your NAR ID: \_\_\_\_\_ Last year annual dues paid: \_\_\_\_\_

Association: \_\_\_\_\_ Last date (yr) COE completed: \_\_\_\_\_

If you are or have been a member of an Association, do you have any unsatisfied discipline pending for violating the NAR Code of Ethics?: \_\_\_ Yes\* \_\_\_ No. \*If yes, please provide details: \_\_\_\_\_

Are you a principal, partner, corporate officer or branch office manager of the firm with which you are affiliated? If so, please state your title/duties: \_\_\_\_\_

**FIRM INFORMATION:**

Firm name: \_\_\_\_\_

Firm address: \_\_\_\_\_  
Street City State Zip

I, \_\_\_\_\_ (Designated REALTOR®), understand that by allowing the above broker to choose to *not* join the Association as a REALTOR® member, per Association bylaws, I am responsible for paying an annual non-member licensee assessment fee. Further, I understand that, going forward, my annual dues invoice will include this annual assessment fee for this individual while he/she is affiliated with my firm. If this individual leaves my firm, I understand that I must notify the Association within 30 days.

\_\_\_\_\_  
Signature of Designated REALTOR®

\_\_\_\_\_  
DR's Login ID

**NON-MEMBER RESTRICTIONS:**

**The firm's Designated REALTOR® (DR) is assessed an annual fee for each active licensee employed by or affiliated with the firm who does not join to become a REALTOR®. Such licensees have no membership standing, receive no benefits of the Association, and may not use the term REALTOR®.**

Licensed real estate agents who elect not to join the Canopy Realtor® Association or any other association and who subscribe to the Canopy MLS are reminded that they are PROHIBITED from:

1. using or displaying the registered trademark REALTOR® on business cards, stationary, etc.
  - a. The designation of REALTOR® may be used in conjunction with the company's name. However, the REALTOR® logo MAY NOT appear anywhere on your business cards.
  - b. This would likewise apply for any type of advertising including the use of a name-rider to a sign.
2. attending Canopy Realtor® Association functions such as luncheons, seminars, or any social event except as a guest of a member in good standing for those events offered to the general public (guest fee applicable).
3. utilizing any Canopy Realtor® Association facility including, but not limited to, conference rooms, meeting rooms, etc., without paying the appropriate rental fee.

**If transferring to another member firm, you will be required to submit a *Transfer Request Form* along with a *Non-Member Information form* signed by the new firm's DR. Further, you will have a \$25 transfer fee and the new DR will be assessed the applicable non-member licensee fee.**

**Should you choose to join as a REALTOR® member, you will need to submit the *Realtor® Membership Application*, pay the initial new member joining fees/dues and attend the mandatory new member orientation.**

I have read and understand that the above restrictions apply as long as I remain a non-member.

Non-Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Non-Member (print): \_\_\_\_\_

**Non-Member Fee Payment Information**

**\*\*Note: This fee *cannot* be paid by the agent, *MUST* be paid by the Firm Designated Realtor®\*\***

Method of Payment: \_\_\_ Visa \_\_\_ MC \_\_\_ Discover \_\_\_ AMX

Card#: \_\_\_\_\_ Exp: \_\_\_\_\_

Please print Name as appears on card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Address associated with card: \_\_\_\_\_