



REALTOR® MEMBERSHIP APPLICATION

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

Email: membership@canopyrealtors.com

PLEASE INCLUDE a copy of your license Affiliation form(s) with this application.

SECTION I

I hereby apply for: Primary **or** Secondary | Realtor® **or** Designated Realtor® Membership

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) _____

Website/URL (Personal; if applicable) _____

FIRM Name: _____

Firm address: _____
Street City State Zip

Firm phone: _____ Fax: _____ Web site: _____

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

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: _____

Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules? _____ Yes* _____ No

SECTION II – to be completed by Designated Realtor® applicants Only (Broker-In-Charge / Branch Manager)

Company Information: Sole Proprietor Partnership Corporation Limited Liability Company (LLC)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers of your firm: _____

Please Note: The firm's Designated REALTOR® is assessed an annual fee for each active licensee employed by or affiliated with the firm who does not become a REALTOR®. Such salespersons have no membership standing, receive no benefits, and may not use the term REALTOR®.

Member Verification

All applicants to complete and sign

If my application is accepted **I agree to complete the association's mandatory Code of Ethics Orientation course within 90 days of this application**, abide by the association's Bylaws and Policies, and the Code of Ethics of the National Association of Realtors® and the NC Association of Realtors®. I understand that, after the initial requirement, I will be required to complete a Code of Ethics course within NAR specific cycles.

I authorize the association, through its directors, committees and/or staff members, to make such investigation of my character and credit as it may deem advisable. I acknowledge, consent and fully understand that information obtained as a result of investigation may be reported to the North Carolina Real Estate Commission. I shall not use any information obtained or furnished in connection with such investigation as the basis of any legal action for slander, libel or defamation of character.

For adequate value received and in consideration of being granted membership in the association, I irrevocably waive and release any claim or right of action that I may have or acquire against the association or any of its officers, directors or members, for any act performed in connection with the business of the association and, particularly, as to the acts of the association or any of its officers, directors, or members taken in approving or not approving, advancing, suspending, expelling or otherwise disciplining me as an applicant or member of the association. Further, as an express condition of being granted membership in the Association, I irrevocably waive and release any possible right that I may have to bring any cause of action or claim for libel, slander or defamation that may possibly arise from the filing or consideration of any arbitration request or any ethics complaint that may be brought against me by any Member or by the Grievance Committee of the Association.

I also acknowledge that if accepted as a member and I subsequently resign from the association or otherwise cause membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon my certification that I will submit to the pending ethics procedure and will abide by the decision of the hearing panel. If I resign or otherwise cause membership to terminate, the duty to submit to arbitration continues in effect even after my membership lapses or is terminated, provided the dispute arose while I was a Realtor®. Upon the termination of my membership for any cause, I will discontinue the use of the designation "Realtor®." I will also discontinue the use of any designations I have earned through the Realtor® organization.

The association reserves the right to object to any company name or Web site name proposed by a current or potential member which, in the association/MLS's sole discretion, is confusingly similar to any name used in commerce by the association/MLS that may leave the public confused.

I agree to pay the established dues as long as I remain a member. I acknowledge that the present application and initial dues are prorated according to the schedule provided with this application and are due with this application. **New applicants pay a \$250 initiation fee. (ALL FEES AND DUES ARE NON-REFUNDABLE). Dues payments to the Canopy Realtor® Association are not tax deductible as charitable contributions. However, portions of such payments may be tax deductible as ordinary and necessary business expenses. (Please consult your tax advisor.)**

By signing below, I consent that the Realtor® Associations (local, state and national) and their subsidiaries, if any (e.g., MLS), may contact me at the specified address, telephone numbers, and e-mail 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 CERTIFY THAT I HAVE READ THE ABOVE AND THAT ALL INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND AND 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 ALSO CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE CODE OF ETHICS AND THE CANOPY REALTOR® ASSOCIATION BYLAWS.

Applicant Signature: _____ **Date:** _____

Method of Payment: ___ Visa ___ MC ___ Discover ___ AMX

Card#: _____ **Exp:** _____

Please print Name as appears on card: _____

Signature of card holder: _____

Address associated with card: _____