

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	or® or [] Designated	Realtor® Me	embership	
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:OfficeCellDirect 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: Re	al 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	
Note regarding real estate forms: In North and South Carolina, real estate forms are licensed by the state Realtor® associations. By joining Canopy Realtor® Association (located in NC), you are also joining NC REALTORS® (state association) and will have access to NC forms. If you are also licensed in SC, for SC forms access, you will need to join the South Carolina Association of Realtors® separately.				
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: Association:				
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 Decignoted Beelton® annies.	ote Only (Broker to Charry)	Dronoh Man		
SECTION II – to be completed by Designated Realtor® applican	-			
Company Information: [] Sole Proprietor [] Partnership [] Co	orporation Limited Lia!	DIIITY Combar	1V (LLC)	

Your position: [] Principal [] Partner [] Corporate Officer [] Branch Office Manager

Names of other Partners/Officers of your firm:

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 30 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.)

Note to Designated REALTOR® applicants: A DR is assessed an annual fee for each active licensee employed by or affiliated with the firm who does not become a REALTOR®. Such licensees have no membership standing, receive no benefits, and may not use the term REALTOR®.

CONSENT

By signing below, I consent that the Realtor® Association (local, state, national) and their subsidiaries (e.g., MLS), may contact me via mail, email, text, phone or any other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association in the future. This consent recognizes that certain state and federal laws may place limitations on communications; however, I am waiving such limitations and agree 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:VisaMCDiscoverAMX	
Card#:	Ехр:
Please print Name as appears on card:	
Signature of card holder:	
Address associated with card:	