



LOCAL
ACCURATE
TRUSTED

Membership Application

Membership in CAR is held by individuals, not companies. Membership benefits therefore cannot be transferred to other individuals within the same company or public agency.

INSTRUCTIONS:

- All Forms must be filled out in their entirety.
- All **NON-REFUNDABLE** Fees and Dues must be paid before Membership will be granted.
- All applications must have a photocopy of the Real Estate or Appraiser License attached.
- **Secondary Membership applications must include a letter of good standing from your Primary Board.**
- All information is for National, State and Local Association use.

It is the member's responsibility to notify CAR in writing of ANY change to contact information or change in status within 48 hours of occurrence of changes.

- You can fax your completed forms with credit card information to **410-641-2995**. Please call and follow up that we received your fax at 410-641-4409.
- You can e-mail your completed forms with credit card information to info@coastalrealtors.org.
- If you need assistance completing these forms, contact the association office at 410-641-4409.

For future reference: A copy of the Coastal Association of REALTORS Bylaws and Rules and Regulations are available to you via the association web site at www.coastalrealtors.org.



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| <u>Membership Application</u> | | |
|---|---|--|
| *Membership Type Requested | | |
| <input type="checkbox"/> New Company/Branch Office | <input type="checkbox"/> Primary DR/Broker/Appraiser | <input type="checkbox"/> Primary Realtor/Appraiser |
| <input type="checkbox"/> Secondary DR/Broker/Appraiser | <input type="checkbox"/> Secondary Realtor/Appraiser | <input type="checkbox"/> Licensed Assistant |
| <input type="checkbox"/> New Clerical Member- No License | <input type="checkbox"/> Clerical Member Replacing: _____ | |
| *Applicant | | |
| *Your name as it appears on RE License: : | | * NRDS#: |
| *Broker/Firm Information | | |
| *Company: | | |
| Office address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | |
| *Applicant Information | | |
| *Date of Birth: / / | *Create Password (1 Upper Case, 1 Number, 6 Characters): | |
| *Current Home Address: | | |
| *City: | *State: | *ZIP Code: |
| *Email Address: | | |
| Website Address: | | |
| * Phone: | Cell Phone: | |
| *MD RE License #: | *Expiration Date: | |
| *Clerical Applicants: If applicable, provide MD Real Estate License information regardless of the license status | | |
| Preferred Method of Contact | | |
| NOTE: ALL ANNUAL BILLINGS ARE DELIVERED ELECTRONICALLY TO YOUR EMAIL ADDRESS ON FILE WITH US. | | |
| Additional Real Estate Licensing Information | | |
| State: | License #: | Approximately, when were you first licensed? |
| State: | License #: | |
| Other Association(s)/Board(s) of Affiliation if Applicable: | | |
| Indicate any NAR designations, affiliations and/or certifications: | | |
| | | |



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As the licensed applicant - Have you had a judgment against you within the past 3 years of violations of:

Civil Rights Laws: Yes No Real Estate Laws: Yes No

Or other laws prohibiting unprofessional conduct rendered by the courts of other lawful authorities:
 Yes No

Any Code Violations or Pending Ethics or Unsatisfied Discipline:
 Yes No

If you answered "Yes" to any question above, please explain:

MEMBERSHIP ACKNOWLEDGEMENT

I have read and, in the event of my acceptance to membership in the Coastal Association or REALTORS®, Inc. (the "Association"), I agree to abide and be bound by the Bylaws, Policies and Procedures, Rules and Regulations of the Association, Constitution and Bylaws of the State Association (if applicable), and the Bylaws and Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®.

I agree to attend and satisfactorily complete the required orientation course of the Association within six (6) months from the date of this application.

I irrevocably waive all claims against the Association or any employees, officers, directors or members for any act or omission in connection with the business of the Association, including the interpretation and/or application of the Bylaws, Policies and Procedures of the Association and the acceptance of or failure to accept, advance, suspend, expel or discipline me as a member of the Association. The authority of the Grievance and Professional Standards Committees of the Association, are expressly acknowledged and accepted by me, and I acknowledge and agree that I will arbitrate future contractual disputes arising out of the real estate business as specified by Article 17 of the Code of Ethics and set forth in the Code of Ethics and Arbitration Manual of the NATIONAL ASSOCIATION OF REALTORS® and the Policies and Procedures Manual of this Association, all as from time to time amended.

I understand that the Coastal Association of REALTORS®, Inc. may terminate my membership if this application contains misrepresentations or I fail or refuse to comply with the conditions of membership as stated in the Bylaws, Policies and Procedures and Regulations of this Association and the NATIONAL ASSOCIATION OF REALTORS®. Upon expiration or termination of my membership with the NATIONAL ASSOCIATION OF REALTORS® for any cause or reason whatsoever, I will discontinue use of the term "REALTOR®". Further I agree that if I resign or am terminated from membership with any outstanding dues and fees (including any costs and sums previously awarded by the Arbitration Hearing Panel in conjunction with arbitration proceedings), the Board of Directors may condition renewal or reinstatement of membership upon my payment of said fees.

Applicant Signature: _____ **Date:** _____





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Applicant Must Initial in Acknowledgement of the Following:

All dues and fees are non-refundable [redacted]

Local, State and National Dues are Due in December [redacted]

Broker, Designated Realtor or Manager's Signature

I (the Designated REALTOR®/Office Manager/Broker) have carefully reviewed this application and the membership information contained herein and have determined it to be true and correct to the best of my knowledge.

Authorized Broker/DR/Manager Signature:

Date: _____

Personal Check - Check Number: _____

Corporate Check - Check Number: _____

Credit Card - Visa MasterCard Discover American Express

Total Amount to be charged to your credit card: \$ _____

Name of Card Holder: _____

Credit Card Number: - - - Exp: _____

Security Code (Back of card): _____

Signature of Card Holder: _____

Address related to Credit Card: _____
