



**SECONDARY REALTOR® MEMBERSHIP APPLICATION**  
**GREENSBORO REGIONAL REALTORS® ASSOCIATION, INC.**  
 23 Oak Branch Drive  
 Greensboro, NC 27407  
 (336) 854-5868 Office (336) 292-5416 Fax



I hereby apply for membership in the Greensboro Regional REALTORS® Association (the Association herein). My check for the application fee in the amount of \$100 plus prorated dues is enclosed and will be returned to me if my membership application is denied less the handling charge. I understand that dues and fees are non-refundable and will not be returned after my application is accepted. If my application is accepted, I agree to abide by the Code of Ethics of the National Association of REALTORS®, the Constitution, & Rules and Regulations of the above named Association, the State Association, and the National Association of REALTORS®. I authorize the Association through its Directors, Committees, 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. Further, 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, I irrevocably waive and release all claims against the Association or any of its Officers, Directors, Members, or Staff for any action in connection with Association business, and particularly as to its or their act in approving or not approving, advancing, suspending, expelling, or otherwise disciplining me as an applicant or member. Upon the termination of my membership for any cause, I will discontinue the use of the designation REALTOR® and return to the Association all certificates, signs, seals, or other indications of membership.

I am applying for the following membership. Please check one:

SECONDARY DESIGNATED REALTOR®

SECONDARY REALTOR®

Full Name *(As Shown On License)* \_\_\_\_\_ Nickname \_\_\_\_\_

Firm Name \_\_\_\_\_ Firm MLS U.I.D. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Affiliated With Present Firm on Date: \_\_\_\_\_

Previous Real Estate Firm Affiliation (and Dates): \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Primary # \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Real Estate License# \_\_\_\_\_ Certified Appraiser License# \_\_\_\_\_

Where Is Your License Displayed? \_\_\_\_\_

For Office Use Only:      LGS \_\_\_\_\_ NM Report \_\_\_\_\_  
 MLS \_\_\_\_\_      Supra \_\_\_\_\_      Web \_\_\_\_\_      Other \_\_\_\_\_

**Where Is Your Primary Association?** \_\_\_\_\_

(Please attach a letter of Good Standing from your current board, including your current NRDS #)

Please list dates of your membership at the Primary Association: \_\_\_\_\_

Have you ever been a member of Greensboro Regional REALTORS® Association?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any unsatisfied discipline pending for violation of the Code of Ethics?  Yes  No

Are you now being or have you ever been investigated or charged with any violations by the NC Real Estate Commission or any real estate commission in any other state?  Yes  No

Have you ever been convicted of a felony?  Yes  No

IF YES TO ANY OF THE PREVIOUS THREE QUESTIONS, PLEASE GIVE DETAILS ON ANOTHER PAGE.

Please list any designations you hold: If yes, \_\_\_\_\_

Please list all specialties:

- Residential Realty     Commercial Realty     Property Mgmt.
- Building                       Appraisals                       Other \_\_\_\_\_

Are you interested in REALTORS Commercial Alliance Membership?  Yes  No

**THE ADDITIONAL APPLICATION FEE OF \$250.00 IS WAIVED IF JOINING AT THIS TIME. YOU MUST PAY THE RCA PRORATED ANNUAL DUES OF \$75.00 WITH APPLICATION. (PLEASE COMPLETE THE RCA APPLICATION)**

**The following questions apply only to Principals/Designated REALTORS of real estate firms:**

# of Employees in firm? \_\_\_\_\_ # of Salespeople? \_\_\_\_\_ # of Brokers? \_\_\_\_\_

**MULTIPLE LISTING SERVICE REALTOR® MEMBER**

**MLS FEES SCHEDULE:**

**MLS SERVICE**

**\$350.00/half-year**

A condition of access to MLS is to agree to submit to ethics hearings and arbitration requests. Further, I agree to abide by the Rules & Regulations of the Triad Multiple Listing Service and the MLS Policy Manual of the Greensboro Regional REALTORS® Association, Inc., and that I am fully accountable and liable for any violations of these Rules & Regulations by me or by any of my associates.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH APPLICATION FEE AND APPROPRIATE DUES:**

OFFICE SET UP FEE \$500 (Applies only to SDR application)  
 SECONDARY REALTOR® Application Fee: \$ 100

*(Annual dues are \$240.00 for GRRA local dues which are billed in August.)*

**PRORATED LOCAL DUES:**

January	\$180.00	July	\$72.51 + \$240.00
February	\$160.00	August	\$48.34 + \$240.00
March	\$140.00	September	\$24.67 + \$240.00
April	\$120.00	October	\$240.00
May	\$120.85 + \$240	November	\$220.00
June	\$96.68 + \$240	December	\$200.00

**\*\*Multiple Listing Service Fees are not included\*\***

**Contact the Association regarding Supra Activation and monthly fees. Supra fees billed separately, and must be paid with Credit Card.**

Application Fee	\$	Check #	
Prorated Dues	\$	Visa/MC/AMX	
MLS Service	\$	Exp. Date	
<b>TOTAL DUE</b>	<b>\$</b>		

**DUES & FEES ARE NON-REFUNDABLE**

I agree to pay the established dues as long as I remain a member and acknowledged that present dues are \$290.00 annually. Dues payments to the Association are not tax deductible as charitable contributions. However, portions of such payments may be tax deductible as ordinary and necessary business expenses. 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, SMS Messaging 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 all information furnished on this application is true, correct and 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/SDR \_\_\_\_\_ Date \_\_\_\_\_

Revised: 4/2018