



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**. My payment for the application fee in the amount of \$100.00 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 Email _____

Affiliated With Present Firm on Date: _____

Previous Real Estate Firm Affiliation (and Dates): _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Voice Mail # _____

Email Address _____ Date of Birth _____

Real Estate License# _____ Certified Appraiser License# _____

Where Is Your License Displayed? _____

Preferred Mailing: Home Office

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: _____

For Office Use Only:	LGS _____	NM Report _____
	MLS _____	Web _____ Other _____

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

If yes, when? _____

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? _____

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? No Yes

Have you ever been convicted of a felony? No Yes

IF YES TO EITHER QUESTION ABOVE, PLEASE GIVE DETAILS ON ANOTHER PAGE.

Does your firm engage in brokerage? Yes No

Does your firm have a parent firm or subsidiary which engages in brokerage? Yes No.

If yes, Where? _____.

List all principals, partners, and/or corporate officers of your firm:
(Star ones that hold a NC Real Estate License):

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:

SECONDARY REALTOR® Application Fee: \$ 100

(Annual dues are \$220.00 for GRRR local dues which are billed in May.)

PRORATED LOCAL DUES:

January	\$ 165.00	July	\$ 55.00 + 220.00
February	\$ 146.66	August	\$ 36.66 + 220.00
March	\$ 128.33	September	\$ 18.33 + 220.00
April	\$ 110.00	October	\$ 220.00
May	\$ 91.66 + 220.00	November	\$ 201.66
June	\$ 73.33 + 220.00	December	\$ 183.33

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

DUES & FEES ARE NON-REFUNDABLE

I agree to pay the established dues as long as I remain a member and acknowledged that present GRRR dues are \$220.00 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 6/19/2020