



Application for Membership

REAL ESTATE AGENTS

Name as it appears on your license: _____

Nickname: _____ DOB: _____

Georgia Real Estate License #: _____

Residence Address: _____

City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Preferred method of Communication: Email _____ Text _____ Phone _____ Mail _____

Mailing Address if Different from Residence:

Mailing Address: _____

City _____ State _____ Zip _____

BROKERAGE INFORMATION

Brokerage Name: _____

Office Address: _____

City _____ State _____ Zip _____

Phone: _____

Camden/Charlton County Board of REALTORS®
70 Hawthorn Lane, Suite A, St. Marys, Georgia 31558
Phone 912.882.5806

www.cccbtor.com

ccborevents@gmail.com

To receive the many opportunities, benefits, and services available through the industry's foremost trade group, I hereby apply for REALTOR® membership in the Camden/Charlton County Board of REALTORS® and enclose my payment for dues, prorated according to the month of joining. I understand dues are non-refundable. I agree to the following:

Abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate disputes.

Abide by the Bylaws and Policy & Procedures manual of the Camden/Charlton, Georgia, and National Association of REALTORS®.

Complete Orientation, required for new REALTORS®, within the time frame established in the (within 180 days of joining).

Take Code of Ethics training within 90 days of joining & complete periodic Code of Ethics training as specified in the Bylaws or required by the National Association (every three years).

Notify the CCCBOR upon changes of email or mail address or phone number.

Notify the CCCBOR upon change in Brokerage affiliation (\$100 fee to change brokerages.)

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If an applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the applicant was a REALTOR®. Dues are non-refundable.

Are you currently a member of any other Board/Association of REALTORS®?

Yes No If yes, name of Association _____

Have you previously held membership in any other Board/Association of REALTORS®?

Yes No If yes, name of Association _____

If you have ever been a REALTOR®, indicate your NAR membership (NRDS) #

Date of completion of NAR's Code of Ethics training requirement _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No

I hereby certify that the foregoing information furnished by me is true and correct, and I 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 further agree that, if accepted for membership in the Association, shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Camden/Charlton County Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **I understand dues and transaction fees are not refundable. I understand annual dues are due by November 30 each year, and members will be assessed late fees if not paid by November 30. I understand payment plans are available. (Contact CCCBOR for details.)**

By signing below, I consent that the REALTOR® Associations (local, state, National) may contact me at the specified address, telephone numbers, email address or other means of communication available. The 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 understand that if I do not pay dues as required, my broker will be notified and may terminate my relationship with the brokerage.

Date _____ Agent's Signature _____

Agents must sign above. You may use e-signature. Mail or email application to CCCBOR. When your application is processed, you will receive an email confirmation that contains your NRDS ID#. You need this ID to access and obtain benefits such as GAR contract forms.

Payment information: I authorize payment total according to the published proration chart (attached) for current year dues. Payments can be made by check made out to CCCBOR or credit card payment to be processed on NAR eCommerce.

I also authorize my voluntary \$25.00 contribution to RPAC: Yes ___ No ___

Select Card: VISA ___ MasterCard ___ American Express ___ Discover ___

Card Number: _____ CSC _____

Expiration Date: _____

Name on Card: _____

Billing address if different from mailing address: _____

City _____ State _____ ZIP _____