



**GASTON ASSOCIATION OF REALTORS®**  
 2923 AUDREY DRIVE, GASTONIA, N. C. 28054  
 PHONE: 704-867-4826 FAX: NONE  
 E-MAIL: [GAR@GASTONREALTORS.COM](mailto:GAR@GASTONREALTORS.COM)  
 WEB SITE: [WWW.GASTONREALTORS.ORG](http://WWW.GASTONREALTORS.ORG)



**REALTOR® MEMBERSHIP APPLICATION**

**PERSONAL INFORMATION**

NC REAL ESTATE LICENSE # \_\_\_\_\_ APPRAISER LICENSE # \_\_\_\_\_ DATE LICENSE ISSUED \_\_\_\_\_  
 NAME (as it appears on your license): \_\_\_\_\_ Nickname: \_\_\_\_\_  
 HOME ADDRESS (required): \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 DOB: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 PREFERRED EMAIL (required): \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

**COMPANY INFORMATION**

COMPANY NAME: \_\_\_\_\_  
 COMPANY ADDRESS: STREET (required) \_\_\_\_\_ PO BOX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 FIRM PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ WEB SITE: \_\_\_\_\_  
 PREFERRED MAILING ADDRESS Circle One Office Home

**OTHER INFORMATION**

1. Are you presently a member of or have you previously held membership in **any** other REALTOR® Board/Association(s)? [ ] Yes [ ] No If yes, please state your NRDS # \_\_\_\_\_, the Association name(s) \_\_\_\_\_, type of membership held \_\_\_\_\_, the year(s) membership was held \_\_\_\_\_ and last date (year) of completion of NAR's Code of Ethics training requirement.
2. Have you been found in violation of the Code of Ethics or other membership duties in any Board/Association of REALTORS® in the past three (3) years or are there any such complaints pending? [ ] Yes [ ] No. If yes, please provide the details as an attachment.
3. Have you ever been refused membership in any other Board/Association of REALTORS®? [ ] Yes [ ] No If yes, state the basis for each such refusal and detail the circumstances related thereto as an attachment.

**FOR DESIGNATED BROKERS/BRANCH MANAGERS ONLY**

COMPANY INFORMATION: [ ] SOLE PROPRIETOR [ ] PARTNERSHIP [ ] CORPORATION [ ] LLC  
 YOUR POSITION: [ ] PRINCIPAL [ ] PARTNER [ ] CORPORATE OFFICER [ ] BRANCH MANAGER  
 NAMES OF OTHER PARTNERS/OFFICERS OF COMPANY: \_\_\_\_\_  
 \_\_\_\_\_  
 Are you the Designated REALTOR® for you company with the Gaston Association of REALTORS®?  
 ( ) Yes ( ) No. **If yes**, attach a list of all licensees affiliated with your company and their license number. **If no**, list the name of the Designated REALTOR® of the company:  
 \_\_\_\_\_

**Note: All licensed partners and corporate officers are required to hold REALTOR® membership.**

**(GAR USE ONLY)**

DATE: APP REC \_\_\_\_\_  
 APPROVED \_\_\_\_\_  
 IC COMPLETED \_\_\_\_\_  
 FEES REC: AMOUNT \$ \_\_\_\_\_  
 CK#/CC. \_\_\_\_\_  
 DATE \_\_\_\_\_  
 NRDS NO \_\_\_\_\_

**APPLICANT'S AGREEMENT**

I hereby apply for (circle one) **PRIMARY SECONDARY** REALTOR® Membership in the Gaston Association of REALTORS® (GAR), enclosing payment for a one time application fee and dues. I understand that my dues will be returned to me in the event of non-election and that the application fee is **nonrefundable**.

I agree to attend the Association's orientation, one of the first two (2) offered, following the Association's confirmation of membership. Failure to meet this requirement may result in having my membership terminated without refund of dues or fees.

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of GAR, the North Carolina Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.

I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

**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 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 applicant was a REALTOR®.

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 **GAR**, I shall pay the fees and dues as from time to time established.

By signing below I consent that the REALTOR® Associations (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 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.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**GAR REALTOR® MEMBER PAYMENT & DUES & INFORMATION**

- Payments to the GAR are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense with the exception of the amount that is used for lobbying purposes by NAR and NCAR. Consult your accountant.
- Transferees from active membership in another Association/Board as well as applicants for Secondary REALTOR® membership must attach a letter to this application from the primary association stating your NRDS number and that you are a REALTOR® member, in good standing, in that association, and that you have paid the current state and national dues. Transferees and Secondary members are not required to complete the Association's orientation.
- The firm's designated Realtor® is assessed an annual fee for each active licensee employed by or affiliated with the firm who does not become a Realtor®. Such licensee will have no membership standing, receive no benefits, and may not use the term Realtor®.

Method of Payment: \_\_\_\_\_ CHECK# (Payable to GAR) VISA \_\_\_\_ MC \_\_\_\_ DISCOVER \_\_\_\_ AMEX \_\_\_\_

CARD # \_\_\_\_\_ AMOUNT \_\_\_\_\_ EXP. \_\_\_\_/\_\_\_\_ Security Code # \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

<b>DESIGNATED REALTOR® CERTIFICATION</b>	
I _____ certify by signing below,	
that _____ holds an active real estate	
license or appraiser license and is affiliated with my firm.	
Designated REALTOR® Signature _____	Date: ____/____/____