



Greater Rochester Association of REALTORS®, Inc.
800 West Metro Park, Suite C, Rochester, NY 14623
585.292.5000 or 800.292.7101
Fax: 585.292.0283

Membership Application
for Designated REALTOR® (broker/owner), REALTOR® or Secondary Membership

SECTION I - APPLICANT INFORMATION ~ (Please Print or Type)

Today's Date: ___/___/___
Mr. Mrs. Miss Ms. Male Female

Member Name (Please Print):
First Middle I. Last Jr./Sr.

I hereby apply for REALTOR® Membership in the Greater Rochester Association of REALTORS®, Inc. ("GRAR") and am enclosing my check in the amount of \$375.00 for a one-time application fee and \$ (yearly dues)* payable to: GRAR (you may also use the Payment Information Form if paying by credit card). My application fee and yearly dues will be returned to me in the event of non-election. NOTE: If opening your own office, your firm will be automatically be "Opted In" to GRAR's Internet Data Exchange (IDX) program. To learn more about IDX and/or to "Opt Out", please visit www.grar.org and check the Technology Support section for IDX Overview information.

I am licensed to practice real estate in New York State as a:

- BROKER SALESPERSON
BROKER ASSOCIATE LICENSED OR CERTIFIED APPRAISER
OTHER

License #: License Expiration Date:

(All real estate and appraiser applicants, PLEASE enclose a copy of your license with this application form)

I AM AM NOT an Owner, Principal, Proprietor, Partner or Corporate Officer of the real estate brokerage or appraisal firm with which I am affiliated.

*Please put in a PASSWORD that you can use to access www.grar.org (6-8 characters recommended):

SECTION II ~ OFFICE INFORMATION (ALL INFO. HERE REQUIRED)

Office Name:
Office Street Address:
City State Zip
Office Phone: Office Fax: Office Web Address:

SECTION III ~ RESIDENCE INFORMATION *(REQUIRED WHERE INDICATED)

*Res. Address (Mailing)
City State Zip

Res. Phone: *E-Mail Address:
Cell Phone: Your Agent Web Address:

*Preferred Mailing Address: Home Office

*Are you presently a member of any other Association of REALTORS®? Yes No

*If yes, name of Association and type of membership held:
NRDS ID#:

*Have you previously held membership in any other Association of REALTORS®? Yes No

*If yes, name of Association and type of membership held:

*Area of Specialization:

- Appraiser Attorney Commercial New Construction Property Management Residential
Other

Foreign Languages spoken (if any):

I UNDERSTAND AND AGREE TO THE FOLLOWING APPLICATION AND APPROVAL PROCEDURES:

Payment of the Application Fee and Annual Dues (contact Member Services' Dept. for Dues Amount) must accompany this application. DUES ARE NON-REFUNDABLE.

I agree to attend: 1) an Orientation Lecture; 2) a Code of Ethics course; and 3) Multiple Listing Exchange (MLX) Information course of the Association. I may do so at any scheduled orientation class from the date of this application to date not later than ninety (90) days after acceptance of my application by the Board of Directors. I understand that I will be required to complete periodic Code of Ethics training as specified in the Association's By-Laws as a continued condition of membership.

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 not accepted for membership in GRAR, I shall pay the fees and dues as from time-to-time established. NOTE: Payments to the Greater Rochester Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

I ALSO AGREE TO ABIDE BY THE FOLLOWING REQUIREMENTS AND RULES OF MEMBERSHIP UPON MY ACCEPTANCE TO MEMBERSHIP IN THE GREATER ROCHESTER ASSOCIATION OF REALTORS®, INC. ("GRAR"):

In the event of election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, By-Laws and Rules and Regulations of GRAR, the State 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, By-Laws and Rules and Regulations. I understand Membership brings certain privileges and obligations that require compliance.

I acknowledge that if I am accepted as a Member and I subsequently resign from the Board 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®.

By signing below, I consent that the REALTOR® Associations (local, state and national) and their subsidiaries, if any [e.g., Genesee Region Real Estate Information Service (GENRIS), REALTORS®' Charitable Foundation (RCF)] may contact me at the specified address, telephone numbers, fax numbers, e-mail 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.

Signature of REALTOR® Applicant

Signature of Designated REALTOR®

For Use by GRAR Member Services Dept. _____

Application Fee: \$ 375.00

GRAR Dues: \$ _____

MLS Fees: \$ _____

NAR Dues: \$ _____

NYSAR Dues \$ _____

TOTAL: \$ _____

Initials: _____

s:Member Services Dept/Forms & Letters/Membership/0Membership Application.Designated R, Realtor & Secondary.Rev.6.11



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APPLICATION PAYMENT INFORMATION FORM
(Submitted with a GRAR Member Application form when paying by credit card)

Name

Date of Application

Type of Payment: (Call Member Services' Dept. at 585-292-5000 to receive the correct amount for dues and fees that must accompany this form and the application).

___ AMERICAN EXPRESS

___ MASTERCARD

___ VISA

Credit Card Number

_____ \$ _____
Expiration Date Amount Paid

Name on Card (please PRINT)

Signature of Cardholder

GRAR Staff Use: Member Number _____

Please fax form to Member Services at (585) 292-0283.

S:Member Services Dept/Forms and Letters/Membership/Form- Application Payment Information

DUES & FEES ARE NON-REFUNDABLE