

Greater Rochester Association of REALTORS® , Inc.

3445 Winton Place, Suite 104, Rochester, NY 14623

Phone: (585) 292-5000 or (800) 292-7101

Fax: (585) 292-0283



Membership Application: Designated REALTOR®, REALTOR®, Secondary Membership

This form may be used by a Broker/Owner, Licensed Broker, Licensed Salesperson and/or Licensed/Certified Appraiser

Today's Date: ___/___/___

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

I hereby apply for REALTOR® Membership of the Greater Rochester Association of REALTORS®, Inc. ("GRAR") and have attached or enclosed both:

1. A copy of my (Real Estate Appraiser, Broker or Salesperson) license.
2. A form of payment (two checks payable to: GRAR & UNYREIS or a 'Credit Card Payment Form') in the amount of the \$299.00 application fee plus prorated annual dues. Please call GRAR Member Services for the prorated amount. GRAR's dues period runs July 1 – June 30 each year.

I am licensed to practice real estate in New York State as a: - Real Estate Broker - Real Estate Broker Associate
 - Licensed/Certified Real Estate Appraiser - Real Estate Salesperson - Other _____

I - **AM** a Veteran (please submit proof that you are a Veteran)

I - **AM** - am **NOT** the Owner, Principal, Proprietor, Partner or Corporate Officer of the real estate brokerage or appraisal firm with which I am affiliated. NOTE: If opening your own office, please note the following:

1. Your firm will automatically be "Opted In" to the MLS Internet Data Exchange (IDX) program. To learn more about IDX and/or to "Opt. Out", please visit www.grar.org and scroll down to the IDX Overview link.
2. Your listings that are marked as Internet = Y, will be sent to Realtor.com unless you let us know otherwise in writing.

Please provide a temporary* password to use to access the member portal at www.grar.org: _____

Office Name: _____

Office Address: _____
City State Zip

Office Direct Phone# or Applicant's Direct Line (if known): _____

Home Address: _____
City State Zip

Preferred Mailing Address: - Home - Office Preferred Phone: - Home - Office

Home Phone: _____ E-mail: _____

Cell Phone: _____ Agent Web Address: _____

Accepts text messages from on listings from other members -Yes -No Personal Fax: _____

Are you currently a member or were you previously a member of any other Association of REALTORS®?

- No, never.
- Not at this time, but I was before. My NRDS ID# is: _____
- Yes, I currently am, but wish to join GRAR as a Secondary member.* My NRDS ID# is: _____

*Please provide a letter of good standing from your current or most recent Association. Must include your most recent code of ethics completion date and/or certificate. What Association and State are/were you associated with? _____

Please indicate where you took your 75-Hour Salespersons Licensing Class: _____

Additional Language(s) spoken (if any, including ASL): _____

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

- Payment of the **Application Fee (\$299)** and **prorated membership dues** (contact GRAR Member Services for prorated dues amount; GRAR's dues period runs July 1 – June 30) must accompany this application. **DUES ARE NON-REFUNDABLE.**
- **I agree to attend/take the following classes, which include 3 hours of CE, within 90 days of acceptance of this application (required for all licensees, including Licensed/Certified Real Estate Appraisers):**
 - **GRAR New Member Welcome** (1 ½ hours; no Continuing Education (CE) credit)
 - **Matrix** (3 hours; MLS workshop that includes 3 hours of CE)
 - **NAR New Member Code of Ethics course** (<https://www.nar.realtor/about-nar/governing-documents/code-of-ethics/code-of-ethics-training>; no CE hours). **If you prefer an on-site ethics course with CE, you may register for our 4-hour Code of Ethics class at a discounted price.*

The New Member Welcome and Matrix classes are provided free of charge, one time, as part of my application fee. I need to register through Member Services for these two classes to avoid being charged. **I understand that I will be required to complete Code of Ethics training**, as specified in the Association's By-Laws, as a continued condition of membership every 2 years.

- **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.**
- **Payments to the Greater Rochester Association of REALTORS®, Inc. are not deductible as charitable contributions.** Such payments may be deductible as an ordinary and necessary business expense.
- **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"):**
 - 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 resign from the Association or my membership is terminated and I have an ethics complaint pending, the Board of Directors may condition renewal of membership upon certification that I will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If I resign or otherwise cause membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while I was a REALTOR®.
- **By signing below, I consent that the REALTOR® Associations (local, state and national) and their subsidiaries, if any (e.g., UNYREIS - Upstate New York Real Estate Information Services,) 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 opt out from receiving.

Signature of REALTOR® Applicant

I hereby certify that the above applicant has begun his/her affiliation with me and I will notify GRAR if the status of the above applicant changes.

Signature of Designated REALTOR®

Date Signed

GRAR Use Only: Member Number: _____

Initials: _____

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APPLICATION PAYMENT FORM

(Please submit with a GRAR Member Application when paying by credit card)

Name

Date of Application

****Please call GRAR Member Services at (585) 292-5000 to receive the correct amount for dues and fees that must accompany this form and the application. ****

Type of Payment:

___ AMERICAN EXPRESS

___ DISCOVER

___ MASTERCARD

___ VISA

Credit Card Number

Expiration Date

\$

Amount Paid

Name on Card (please PRINT)

Signature of Cardholder

Please email completed form to GRARHelpDesk@grar.net or fax to (585) 292-0283

DUES & FEES ARE NON-REFUNDABLE

GRAR Staff Use: Member Number _____