



Greater Rochester Association of REALTORS®, Inc.
930 East Avenue, Rochester, NY 14607
585.292.5000 or 800.292.7101
Fax: 585.292.0283

Membership Application
for Designated REALTOR® (broker/owner), REALTOR® or Secondary Membership
(licensed brokers and licensed/certified appraisers)

Section I: To the Greater Rochester of REALTORS®, Inc., I hereby apply for REALTOR® Membership in the above-named Association 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. 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, and the Constitution, By-Laws and Rules and Regulations of the above-named Association, 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. Membership is final only upon approval by the Board of Directors, and may be revoked by the Board of Directors should completion of requirements such as the: Orientation Lecture, Tempo™ class and the Ethics course are not completed within ninety (90) days from my signing up as a Member. 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.

\*Amount shown is prorated according to month joining. Call Member Services' Dept. at 585-292-5000 to receive the correct amount for dues that must accompany this application.

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 submit the following information for your consideration: (Please PRINT BELOW)

Mr. Mrs. Miss Ms. Male Female

(First Name) (Middle Name/Initial) (Last Name) (Suffix)

Please put in a Password that you can use to access www.grar.org (it must be a minimum of 8 characters, including at least one special character such as ?@#%&\*.) \*Date of Birth (mm/dd/yyyy)

License #: License Expiration Date:

Type of License: Broker Associate Broker Salesperson Appraiser Other

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

Office Name:

Title/Position:

Office Address (City/St./Zip):

Office Phone: Office Fax: Office E-mail:

Office Website:

Res. Address (City/St./Zip):

Res. Phone: \*Cell Phone: Personal E-Mail:

Personal Website:

Preferred Mailing Address: Home Office Preferred Phone: Home Office Cell

Preferred E-Mail: Personal 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

Memberships are held on an individual basis

If yes, name of Association and type of membership held: \_\_\_\_\_

\*Member Response is optional.

NRDS ID#: \_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in the past three (3) years?  Yes  No

If yes, provide details as an attachment.

Do you have any code of Ethics complaints pending?  Yes  No

If yes, specify the substance of each complaint in each state, the agency before which complaint was made, and the current status of the complaint as an attachment.

Have you been found in violation of state real estate licensing regulations within the past three years?  Yes  No

If yes, provide details: \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating to the suspension or revocation.

Have you been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime?  Yes  No

If yes, provide details: \_\_\_\_\_

**Principal/Brokers answer only.**

Record the names and title of all other Principals, Partners, Corporate Officers, or Trustees of your firm.

Has your firm been found in violation of state real estate licensing regulations within the last three years?  Yes  No

If yes, provide details: \_\_\_\_\_

Has your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime?  Yes  No

If yes, provide details: \_\_\_\_\_

**Area of Specialization:**

Choose up to 2 specialties. Mark "P" for your Primary field of business and "S" for your Secondary field of business.

**Residential**

- 100 General Residential Sales
- 101 Existing Sales
- 102 New Homes
- 103 Buyer Brokerage
- 107 Condominiums
- 109 Appraisal
- 120 Brokerage Management
- 121 Corporate Management
- 122 Sales Management
- 123 Trainer/Instructor/Educator
- 130 Property Management - single family
- 131 Property Management - multi-family
- 132 Property Management – condos/resorts/time shares

**Commercial**

- 200 General Commercial Sales/Leasing
- 206 Property Management
- 207 Appraiser
- 220 Brokerage Management
- 221 Corporate Management
- 233 Investment Properties

**General**

- 301 General Appraisal
- 302 General Real Estate

**Specialties**

- 313 Financial Services
- 314 Real Estate Law
- 315 Relocation
- 319 Real Estate Taxation
- Other

Please indicate the professional designations or certifications that you currently hold. (Check all that apply)

- |                               |                               |                              |                              |                               |                               |
|-------------------------------|-------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ABR  | <input type="checkbox"/> CCIM | <input type="checkbox"/> CRB | <input type="checkbox"/> GAA | <input type="checkbox"/> MAI  | <input type="checkbox"/> SIOR |
| <input type="checkbox"/> ABRM | <input type="checkbox"/> CIPS | <input type="checkbox"/> CRE | <input type="checkbox"/> GRI | <input type="checkbox"/> RAA  | <input type="checkbox"/> SRA  |
| <input type="checkbox"/> CAE  | <input type="checkbox"/> CPM  | <input type="checkbox"/> CRS | <input type="checkbox"/> LTG | <input type="checkbox"/> RSPS | <input type="checkbox"/> SRES |

\* Are you a registered voter?  Yes  No

**\*Education Level**

- High School
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Other

**\*Ethnicity**

- Asian/Pacific American
- Black/African American
- Hispanic
- Native American
- White/Caucasian
- Other

*Memberships are held on an individual basis*

\* Member Response is optional.

\*Foreign Languages spoken: \_\_\_\_\_

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 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. **DUES ARE NOT REFUNDABLE.**

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.

Dated: \_\_\_\_\_ Designated REALTOR® Signature: \_\_\_\_\_

**Section II - Please fill out information below if opening your own office: (Designated REALTOR® Membership)**

Company information:       Sole Proprietor     Partnership     Corporation     LLC (Limited Liability Company)

Other, specify \_\_\_\_\_

Your position:     Principal     Partner     Corporate Officer     Majority Shareholder     Branch Office Manager

Names of other Partners/Officers/ of your firm: \_\_\_\_\_

The Company Web URL: http:// \_\_\_\_\_

Your firm will be automatically "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](http://www.GRAR.org) and check the Technology Support section for IDX Overview information."

Have you ever been refused membership in any other Association of REALTORS®? [  ] Yes [  ] No If yes, state the basis for each such refusal and detail the circumstances related thereto: \_\_\_\_\_

Is the Office Address, as stated, your principal place of business? [  ] Yes [  ] No If not, or if you have any branch offices, please indicate and give address: \_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? [  ] Yes [  ] No If so, where: \_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, please provide details: \_\_\_\_\_

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, attach additional information to this form.

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 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.**

By signing below I consent 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, 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.

Dated: \_\_\_\_\_ Designated REALTOR® Signature: \_\_\_\_\_

\*Member Response is optional      s:Member Services Dept/Forms & Letters/Membership0/Membership Application.Designated R, Realtor & Secondary.Rev. 8.097

**For Use by GRAR Member Services Dept.**

Application Fee: \$ 375.00	MLS Fee: \$ _____	
GRAR Dues: \$ _____	SAFEMLS Key Fob: \$ _____	TOTAL \$ _____
NAR Dues: \$ _____	D or E Key: \$ _____	
NYSAR Dues: \$ _____		Initials: _____

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## PAYMENT INFORMATION FORM

(Submitted with a GRAR Member Application form when paying by credit card)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Application

**TYPE 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

\_\_\_\_\_  
Account Number

\_\_\_\_\_ \$ \_\_\_\_\_  
Expiration Date                      Amount Paid

\_\_\_\_\_  
Name on Card (please PRINT)

\_\_\_\_\_  
Signature of Cardholder

### Staff Use Only:

Member Number \_\_\_\_\_

*s:Member Services Dept\FORMS and Letters\Payment Information Form\Rev.11.07*