



Northern Neck Association of Realtors
P.O. Box 718, Callao, VA 22435
804-529-7313

ASSOCIATION MEMBERSHIP APPLICATION

Please fill in all applicable spaces and if completing manually, please print clearly. If your information changes, it is your responsibility to contact your primary local Association office with the corrected information. Incorrect information could result in fines and penalties.

Name: (as it appear on VA RE License): \_\_\_\_\_

Name: (as you want it to appear on NNAR website): \_\_\_\_\_

Real Estate License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ NRDS ID# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Personal Fax: \_\_\_\_\_

Email: (mandatory) \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Phone# \_\_\_\_\_

Firm Physical Address: \_\_\_\_\_

Firm Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Firm Fax: \_\_\_\_\_

Applicant Preferences: Mailing Address: Home \_\_\_\_\_ Office \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Are you presently a member of any other Association of Realtors? [ ] Yes [ ] No Please name the Association and type of membership held: \_\_\_\_\_

Have you ever been a member of another Association? [ ] Yes [ ] No If YES, a Letter of Good Standing from your primary association must be provided with this application.

Applicant Agreement

I, (Applicant Name) \_\_\_\_\_, hereby apply for: [ ] Primary [ ] Secondary REALTOR membership in the Northern Neck Association of Realtors (NNAR) and enclose my check in the amount of \$\_\_\_\_\_, which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition of membership to complete the New Member Ethics and Orientation class. I understand I am required to complete this course within 180 days of the date of application. Failure to do so may result in termination of my membership and additional fees for subsequent reinstatement.

Additionally, on my own initiative, I will thoroughly familiarize myself with NAR's Code of Ethics and Arbitration Manual, Constitution, and Bylaws as well as the rules and regulation of NNAR, VAR, NAR, and the MLS. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Association and MLS documents and duty to arbitrate, which may be amended from time to time without notice to me. Finally, I consent and authorize NNAR, through its volunteer leadership or otherwise, to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the Association by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not defamation of character.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon the applicant's verification that he/she will submit to the decision of the Hearing Panel or if applicant resigns or is expelled from membership without having complied with an award in an arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award plus any costs that have been previously established as due and payable, in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied. Finally, applicant acknowledges that readmission as Member may be contingent upon satisfaction of any outstanding debts that the Member incurred during a prior membership.

I confirm that I have read understand this application and that all the information provided is true and correct to the best of my knowledge.

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Signature of Applicant

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Date