

# New Designated Participant (Realtor and Appraiser) Instruction Sheet

Attached you will find the membership application for new Designated REALTOR® or Appraiser for MAAR & MLS membership. You must complete the application minus the fees, Agent ID and Password information and return to Sherrilyn Weaver via email [sweaver@montgomeryareahomes.com](mailto:sweaver@montgomeryareahomes.com) or fax 334-396-5516 at your earliest convenience. Thereafter, Sherrilyn will email you with your log in information for online payment processing or you can make an appointment to pay with cash in the office. All licensed Real Estate Agents whose license(s) are being held by your brokerage will have to establish membership at the same time that brokerage is established. Any new licensees joining the brokerage after membership is established will have 15 days from the date that their licenses is held at the commission to establish membership. Otherwise you, the broker, will be penalized. Key Fees are separate from membership fees and appointments are only made after the membership is established.

Plan to attend the new member Orientation within 90 days of membership.

Application fee for Brokers \$800. **Dues and fees are paid in advance and are nonrefundable!**

**Applicants for Designated REALTOR® MUST ATTACH A COPY OF YOUR License or Certification**

## **SUPRA KEYS**

Keys will be issued by appointment only. The Electronic key (eKey) requires that the key holder first have a compatible device. (Most smartphones are compatible check here for details on which devices [http://www.supraekey.com/documents/current\\_devices.pdf](http://www.supraekey.com/documents/current_devices.pdf)) NOTE: All SUPRA equipment is leased. Should you discontinue your membership with the Association/MLS ALL Supra equipment must be returned to MAAR before you will be released from the Supra lease.

Do not return - keep this for your records

New Designated REALTOR® or Appraiser Office Information

Office Name \_\_\_\_\_

Formal Name \_\_\_\_\_

Has the office ever been/or currently is a REALTOR® office with another Association?    YES    NO

If Yes please provide your NRDS Number \_\_\_\_\_

Name of Association \_\_\_\_\_

License # \_\_\_\_\_

Office Address \_\_\_\_\_

Attn/Care of \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Mailing Address (If different from Physical Address)

Attn/Care of \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

Broker Member \_\_\_\_\_

Office Manager \_\_\_\_\_

Main Office \_\_\_\_\_

Franchise Office \_\_\_\_\_

## Designated Broker Information

Title \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_

MI \_\_\_\_\_ Generation \_\_\_\_\_

Full Name \_\_\_\_\_

Nickname \_\_\_\_\_  
(Must match AREC License)

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Join Date \_\_\_\_\_

License Type \_\_\_\_\_ Real Estate

\_\_\_\_\_ Appraiser

\_\_\_\_\_ Both

License Number \_\_\_\_\_

Have you ever been/or are you a REALTOR® with another Association in the past Three(3) years?

\_\_\_\_ Yes \_\_\_\_ No If Yes please provide your NRDS Number \_\_\_\_\_

Name of Association \_\_\_\_\_

Phones Home/Cell \_\_\_\_\_

Personal Fax(If Applicable) \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Atn/Care of \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I hereby apply for \_\_\_\_\_ Primary REALTOR®, \_\_\_\_\_ Secondary REALTOR®

Signature \_\_\_\_\_

Date \_\_\_\_\_

I request membership to Include eKey Basic.

Membership Start Date: \_\_\_\_\_

Total MAAR, MLS and eKey Basic

\_\_\_\_\_

I request membership to Include eKey Professional.

Membership Start Date: \_\_\_\_\_

Total MAAR, MLS and eKey Professional

\_\_\_\_\_

I request membership with NO eKey Service.

Membership Start Date: \_\_\_\_\_

Total MAAR and MLS.

\_\_\_\_\_

Payments for membership can be submitted through Internet Membership Services (IMS). MAAR, MLS and eKey Services will be processed in three separate transactions. You will be notified through email when the invoices are created with more details.

Methods of Payment Accepted: Visa, MasterCard, Discover, American Express, Cash or Check

**Annual Billing**

Association Dues are due in January of each year

MLS User Fees (Including RETS Fees) are due in July of each year

eKey Service Fees are due in October of each year

Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

**SECTION I**

TO: THE MONTGOMERY AREA ASSOCIATION OF REALTORS®

I, \_\_\_\_\_ hereby apply for **DESIGNATED REALTOR®** or Appraiser membership in the Montgomery Area Association of REALTORS® 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 to membership to complete the orientation course of the Montgomery Area Association of REALTORS® and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the **Code of Ethics and Arbitration Manual** of the Association and the Constitutions, Bylaws and Rules and Regulations of the Montgomery Area Association of REALTORS® the Alabama Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Association, through its Membership Committee 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 form the basis of any action by me for slander, libel or defamation of character. **NOTE:** Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may conditionally renew the membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied. I hereby submit the following information for your consideration:

(PLEASE PRINT)

Mr. /Ms. \_\_\_\_\_ (as shown on license or name you wish to appear on the roster)

Type of License:   Qualifying Broker           License No. \_\_\_\_\_  
                          Associate Broker           License No. \_\_\_\_\_  
                          Salesperson               License No. \_\_\_\_\_  
                          Appraiser                 License No. \_\_\_\_\_  
                          Other (Please Specify) \_\_\_\_\_

Check whether:   Sole Proprietor  
                          DBA  
                          Partnership  
                          Corporation

State position with firm:   Principal  
                                  Partner  
                                  Office Manager  
                                  Independent Contractor  
                                  Corporate Officer  
                                  Appraiser  
                                  Employee  
                                  Other \_\_\_\_\_

I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_



**SECTION II**

State the names and titles of all other principals, partner or corporate officers of your firm.

_____	_____
_____	_____
Name(s)	Title(s)

Is the office address, as stated in Section I your principal place of business:      Yes      No

List the name and address of all branch offices or other real estate firms in which you are a principal, partner or corporate officer within the jurisdiction of the Board:

_____	_____
Name	Address

- Do you hold, or have you ever held, a real estate license or real estate appraiser’s certification or license in any other state?      Yes      No  
If yes, What state: \_\_\_\_\_
- Has your real estate license or real estate appraiser’s certification or license, in this or any other state, been suspended or revoked?      Yes      No.  
If “Yes”, specify the place(s) and date(s) of such action and detail the circumstances relating thereto in an attachment.
- Are there now any pending or unresolved complaints, or have there been within the past 5 years, any complaints against you or the firm with which you have been associates before any state real estate regulatory agency or any other agency of government?      Yes      No. If “Yes”, specify the substances of each complaint in each state, the agency before which complaint was made, the current status or resolution of such complaint and attach to this application.\*
- If you have ever been convicted of a felony, attach details including state and court of conviction.      Yes      No
- Are you, or any real estate or appraisal firm in which you are a sole proprietor, general partner or corporate officer, involved in any pending bankruptcy or insolvency proceedings or have you or any real estate or appraisal firm in which you are a sole proprietor, general partner or a corporate officer been adjudged bankrupt in the past three (3) years?      Yes      No. If “Yes”, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto in an attachment.



**SECTION III**

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, may be grounds for revocation of my membership if granted.

Signed \_\_\_\_\_

**SECTION IV**

Information supplied under section IV is not required, but will assist the Association establishing historical data regarding its members. Information furnished under section IV will not be used in evaluating an applicant’s qualifications for membership.

**PERSONAL DATA**

Highest level of education completed \_\_\_\_\_

First Licensed or certified in Alabama \_\_\_\_\_

Have you been engaged continuously in the business since then? Yes No  
If no, during what years were you in the business? \_\_\_\_\_ to  
\_\_\_\_\_

In what phase of real estate do you specialize? \_\_\_\_\_

In what other business have you been engaged? \_\_\_\_\_

Established with present real estate or appraisal firm Yes No

Are you a member of any other real estate Association/Board Yes No  
if “Yes”, attach the names of each Association/Board, type of membership held and dates  
establishing the time period for which membership has been held.

Have you participated in a Multiple Listing service? Yes No

If yes, where? \_\_\_\_\_

Are you now employed or engaged in any other business or profession? Yes No





**Montgomery Area Association of REALTORS® and Multiple Listing Service, Inc.**

Membership disclosure and agreement:

I acknowledge and understand that the Montgomery Area Association of REALTORS® billing period is based on a calendar year (January-December). Cost for membership is calculated on the date of enrollment. Dues and fees are paid in advance, non-refundable

And/or

Multiple Listing Service Inc. billing period is based on a fiscal year (July 1, XX-June 30, XX). All services are paid in advance. Cost for membership is calculated on the date of enrollment. Dues and fees are paid in advance, non-refundable.

There are no refunds upon termination of membership and or services.

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Print Name

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Signature