

**St. Clair Association of REALTORS®, Inc.**  
**30 Comer Avenue Suite 2, Pell City, Alabama 35125**  
**stclairrealtor@gmail.com**

**2022 MEMBERSHIP FORM**

\_\_\_\_ *Primary Member*      \_\_\_\_ *Secondary Member*

Dues \$		SAR Dues - Prorated
		SAR Admin Fees - New Agent – One not in an association the previous year
		AAR Dues – Prorated
		AAR Admin Fees – New Agent
		NAR Dues – Prorated
		NAR Assessment
	\$35.00	ARPAC (optional) Subtract this amount from the Total if you do not wish to donate to ARPAC.
Total \$		Make check payable to SAR

If Secondary, Name of Primary Board: \_\_\_\_\_

N/A

Inactive? Former Board? \_\_\_\_\_

Real Estate License # (REQUIRED) \_\_\_\_\_

**MEMBER NAME** \_\_\_\_\_

**(HOME ADDRESS REQUIRED)** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Personal Website: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_ Home \_\_\_\_ Office

Firm Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Firm Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*NEW AGENT'S COVENANT:** I unconditionally agree to be bound by the terms of the REALTORS® Code of Ethics, the Constitution, Bylaws and Regulations of the St. Clair Association of REALTORS®, Alabama Association of REALTORS® and National Association of REALTORS®. I also agree to schedules of membership dues and fees, and all amendments made to any of them from time to time, and to pay, when due, all membership dues, fees, fines, assessments and other payments when due. Copies of the foregoing will be provided at the Orientation Course, found on SAR website, or emailed if requested. I will meet with the Association Executive with my application, copy of my AREC license and payment.

**I agree to attend the Orientation Course, if required. I will view NAR's new member information and complete NAR's new member Code of Ethics training online within 3 months of joining. If I fail to complete orientation and Code of Ethics training, my membership will be terminated per SAR's guidelines listed in SAR Bylaws (Article 5, Section 4).**

SIGNATURE OF AGENT: \_\_\_\_\_ Date: \_\_\_\_\_

**\*CONSENT TO CONTACT:** I understand that by providing my mailing address, email address, telephone number(s) and fax number(s), I consent to receive communications sent from the St. Clair Association of REALTORS®, Alabama Association of REALTORS®, and the National Association of REALTORS® via U.S. mail, email, telephone, text or facsimile at those number(s)/location(s).

SIGNATURE OF AGENT: \_\_\_\_\_ Date: \_\_\_\_\_

**\*TRANSFER AGENT:** I agree to be bound by the terms and provisions of the REALTOR® Code of Ethics, the Constitution, Bylaws and Regulations of the local, state and national Associations, and schedules of Membership dues and fees, and all amendments made to any of them from time to time, and to pay, when due, all membership dues, fees, fines and other payments when due. Copies of the foregoing will be provided if requested.

SIGNATURE OF AGENT: \_\_\_\_\_ Date: \_\_\_\_\_

**\*BROKER'S CERTIFICATION AND RECOMMENDATION:** I recommend the above-named agent for membership in the St. Clair Association of REALTORS®.

SIGNATURE OF BROKER: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Name: Branch: \_\_\_\_\_

**\*\*\*THIS FORM MUST BE SIGNED BY THE AGENT AND THE BROKER TO BE VALID\*\*\***

***FOR OFFICE USE ONLY!***

Orientation Completed: \_\_\_\_\_ NRDS#: \_\_\_\_\_