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

1011 MEMDEDGIID FODM

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:			2022 N	IEMBERSHI	P FORM		
SAR Admin Fees - New Agent - One not in an association the previous year AAR Dates - Prorated NAR Buse - Prorated NAR Assessment School RAPK, Coptionally Subtract this amount from the Total If you do not wish to donate to ARPAC. Inactive? Former Board? Inactive? Former Board? Real Estate Licence # (REQUIRED) Home Address: City: State: Zip: ** Personal Website: Preferred Mailing Address: Firm Name:		_	Primary Member	Se	econdary Member		
SAR Admin Fees - New Agent - One not in an association the previous year AAR Dues - Prorated NAR Bues - Prorated NAR Jues - Prorated NAR Assessment Scient Scient Scient Scient Scient Scient - Scient Sc		1					
AAR Duss - Provated AAR Admin Fees - New Agent NAR Assessment Status NAR Assessment Total S NAR Assessment If Secondary, Name of Primary Board: NAR If Secondary, Name of Primary Board: NAR Inactive? Former Board? Real Fstate Licence # (REQUIRED) Mone Address: Clip: State: Clip: State: Clip: State: If Secondary, Name of Primary Board: N/A Inactive? Former Board? Real Fstate Licence # (REQUIRED) Iome Address: Clip: State: Zip: (IOME ADDRESS REQUIRED) Iome Address: Clip: State: Zip: Preferred Mailing Address: Home Office Firm Name: Tip: Tip: "Firm Address: Clip: State: Zip: Zip: Tip: "NEW AGENTS COVENANT: 1 unconditionally agree to be board by the terms of the REALTORS® and Nainal Association of REALTORS®, Alabama Association of REALTORS®, and hapma Association of REALTORS	Dues 5			Agent - One not	in an association the previ	ious vear	
ARR Admin Fees - New Agent NAR Assessment NAR Assessment S3500 ARRAC (optional) Subtract this amount from the Total if you do not wish to donate to ARPAC. In active? Former Board? Real Estate License # (REQUIRED) MEMBER NAME IOMA Address IOMA Address City : State: Zip: Home Abdress: City : State: Zip: Home Phone: City : State: Zip: Home Phone: City: State: Zip: Mem Phone: City: State: Zip: Mem Phone: City: State: Zip: The Address: City: State: Zip: *NEW AGENT'S COVENANT: 1 unconditionally agrec to be bound by the terms of the REALTORS® Code of Ethies, the Constitution, Bylaws and Regulations of the St. Clair Association of REALTORS®, Alabama Association of REALTORS® and National Association of REALTORS®. Labs agree to exhere a member inform that the Orientation Course, found on SAR website, or emailed in morther form that the Orientation Course, found on SAR website, or emailed in the Orientation Course, found				rgent – One not	in an association the previ	ious year	
Image: State of the second s				Agent			
intervent \$35.00 ARRAC (optional) Subtract this amount from the Total if you do not wish to donate to ARPAC. IT Secondary, Name of Primary Board: N/A Inactive? Former Board? Real Estate License # (REQUIRED) MEMBER NAME Real Estate License # (REQUIRED) Home Address: City: State: Zip: Home Address: City: State: Zip: Home Address: Personal Website: Personal Website: Preferred Mailing Address: Home Office Firm Name: City: State: Zip: *New AGENT'S COVENANT: I neonoditionally agree to be bound by the terms of the REALTORS® Code Ethics, the Constitution, Bylaws and fires, assessments and other payments when due, Copies of the forging will be provided at the Orientation of RAAL TORS®. Advance and RAAL TORS® and all subscripter of RAAL TORS® and all amendments made to any of them from time to time, and to pay when due, all membership dues, and copies of the forging will be provided at the Orientation of RAAL TORS® and all amendments made to any of them from duate to find advances. I argee to attend the Orientation Exercition Exercition Exercition and RAAL TORS® and all amendments made to any of them from time to time, and to pay when due, all membership dues, fore, and all amendments made to any of them from time to time, and to pay when due, all membership dues, fore, and all amendments made to any of them from time to time, and topay when due, all membership dues, fore, and			NAR Dues – Prorated				
Total S Make check payable to SAR If Secondary, Name of Primary Board: N/A Inactive? Former Board? Real Estate License # (REQUIRED) MEMBER NAME Real Estate License # (REQUIRED) IfOME ADDRESS REQUIRED) Home Address: Image: State: Zip: Home Phone: Cell Phone: Email Address: Personal Website: Preferred Mailing Address: Personal Website: Preferred Mailing Address: City: State: Zip: **Tree Address: City: State: Zip: *** State: Zip: **** State: Zip: **** State: Zip: ****** City: State: Zip: ************************************							
I'Secondary, Name of Primary Board: N/A Inactive? Former Board? Real Estate License # (REQUIRED) MEMBER NAME Real Estate License # (REQUIRED) IOME ADDRESS REQUIRED) Gity: State: Zip: Home Phone: City: State: Zip: Iome Address:		\$35.00			rom the Total if you do no	ot wish to donate to A	RPAC.
Inactive? Former Board? Real Estate License # (REQUIRED) MEMBER NAME	Total \$		Make check payable to S	AR			
Inactive? Former Board? Real Estate License # (REQUIRED) MEMBER NAME	If Secondary, Name of 1	Primary Board:	N/A				
MEMBER NAME (HOME ADDRESS REQUIRED) Home Address:	•	•	11/11				
MEMBER NAME							
(HOME ADDRESS REQUIRED)					Real Estate Lic	ense # (REQUIRED)	
Home Address:							
Home Phone:	(HOME ADDRESS RE	QUIRED)					
Email Address:	Home Address:			City:	State:	Zip:	
Email Address:					~		
Preferred Mailing Address:HomeOffice Firm Name:Branch:	Home Phone:				Cell Phone:		
Preferred Mailing Address:HomeOffice Firm Name:Branch:	Fmail Address		Parso	nal Wahsita.			
Firm Name:			1 (130	nai website.			
Firm Address:	Preferred Mailing Add	ress:Home	Office				
Firm Address:							
*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>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 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:</i>	Firm Name:				Branch:		
*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>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 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:</i>	Firm Address			Citru	States	Zine	
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 alti 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:	ririii Auuress:			City:	State:	Z ıb:	
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***	Regulations of the St. Cla to schedules of members! fines, assessments and ot if requested. I will meet <u>I agree to attend the Orie</u> <u>online within 3 months of</u> <u>in SAR Bylaws (Article 5,</u> SIGNATURE OF AGEN *CONSENT TO CONTA receive communications REALTORS® via U.S. n SIGNATURE OF AGENT: *TRANSFER AGENT: of the local, state and nat to pay, when due, all men SIGNATURE OF AGEN	ir Association of R hip dues and fees, a her payments when with the Association <i>ntation Course, if r</i> <i>fjoining. If I fail to</i> <i>Section 4).</i> TT:	EALTORS®, Alabama Ass and all amendments made to a due. Copies of the foregoin n Executive with my applic equired. I will view NAR's r complete orientation and Co that by providing my mail lair Association of REALTO he, text or facsimile at those Dat d by the terms and provision and schedules of Membersl , fines and other payments	ociation of REAL o any of them from ing will be provid- ation, copy of my <u>new member infor-</u> o <u>de of Ethics trains</u> ing address, email ORS®, Alabama A e number(s)/locati e: ons of the REALT hip dues and fees, when due. Copies	TORS® and National Asso m time to time, and to pay ed at the Orientation Cou AREC license and payme mation and complete NAR ing, my membership will be Date: I address, telephone numb Association of REALTOR on(s). TOR® Code of Ethics, the and all amendments made of the foregoing will be p Date:	ociation of REALTO , when due, all memb rse, found on SAR we nt. ' <u>s new member Code</u> <u>e terminated per SAR</u> per(s) and fax number S®, and the National Constitution, Bylaws e to any of them from rovided if requested.	RS®. I also agree bership dues, fees, ebsite, or emailed <u>of Ethics training</u> <u>'s guidelines listed</u> r(s), I consent to Association of s and Regulations
	St. Clair Association of F SIGNATURE OF BRO Firm Name: Branch:	REALTORS®. KER:			Date:	•	
	FOR OFFICE USE ON		IL AGENT AND THE BRU	THEN TO BE VA			

Orientation Completed:

NRDS#:
