

St. Clair Association of REALTORS®, Inc.
P O Box 902, Pell City, Alabama 35125
info@stclairrealtors.com

2024 MEMBERSHIP FORM
Primary Member New Agent

Dues		SAR Dues
		SAR Admin Fees - New Agent
		AAR Dues
		AAR Admin Fees – New Agent
		NAR Dues
		NAR Consumer Advertising Campaign Assessment
		ARPAC (optional) Subtract this amount from the Total if you do not wish to donate
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#: _____