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

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
	$35.00	ARPAC (optional) Subtract this amount from the Total if you do not wish to donate
Total		Make check payable to SAR or pay online through NAR once application is returned

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. I will pay, when due, all membership dues, fees, fines, assessments and other payments. My invoice is found at National Association of REALTORS® – "Pay Dues" using my assigned NRDS# to create an account. (NRDS# is assigned once application is returned and my information is uploaded to M1.**

I will view NAR's new member information and complete NAR's new member Code of Ethics training and the Fair Housing Fairhaven 2.0 within 3 months of joining. If I fail to complete Fair Housing and Code of Ethics training, my membership will be terminated per NAR Bylaws. I agree to attend the Orientation Course, if offered.

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:** _____

***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#:** _____