



2227 Old Emmorton Road #117
Bel Air, MD 21015
Phone: 410-569-0750
Fax: 410-569-9654
www.HarfordREALTORS.org

Application for REALTOR® Membership

I, _____ [] Mr. [] Ms. [] Mrs.

FULL NAME AS SHOWN ON YOUR REAL ESTATE LICENSE

hereby apply for Primary____Secondary__REALTOR® Membership in the Harford County Association of REALTORS® (“the association”).

Nickname: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Your Email address: _____

Name of Office: _____

Office Address: _____

Office Phone: _____ Office FAX: _____

Office Broker/Manager: _____

RE License Number: _____ Expiration Date: _____

RE License Type: Broker: _____ Associate Broker: _____ Salesperson: _____ Commercial: _____

Date you first entered the real estate profession: _____ State: _____

List any other states your license is active: _____

List any REALTOR® Designations you currently hold: _____

Has your real estate license ever been suspended or revoked? _____

Do you have any pending complaints with any REALTOR® associations? _____

List all the REALTOR® associations where you have held membership:



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I understand my payment shall be returned to me in the event I am not accepted to membership, except for the Entrance Fee.

I understand that no portion of the payment is refundable after membership is accepted.

I agree as a condition to membership to complete the New Member Orientation Program of the Harford County Association of REALTORS® within 90 days of this application, and 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 Constitution, Bylaws, and Rules and Regulations of the Harford County Association of REALTORS®, the Maryland REALTORS®, and the National Association of REALTORS®. 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 as 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 all responses 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.

APPLICANT ACKNOWLEDGES as a member of Harford County Association of REALTORS®, Inc., and by providing an email address, telephone number and fax number, applicant consents to receive communications sent via email, telephone, text or fax, by or on behalf of the Harford County Association of REALTORS®, the Maryland REALTORS® and the National Association of REALTORS®, including subsidiaries and affiliates of the respective organizations. The Harford County Association of REALTORS® will not share email/telephone/fax information with any unaffiliated persons, companies or organizations.

APPLICANT ACKNOWLEDGES that the Association will maintain a membership file of information which may be shared with other boards/associations/members and affiliate members, where applicant subsequently seeks membership. This file shall include: name, business address, business phone, email address, business web site, and previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the association or its Multiple Listing Service (MLS).

APPLICANT ACKNOWLEDGES that if application is for transferring from another REALTOR® Board or Association, or for a secondary membership with the Harford County Association of REALTORS®, that applicant **shall attach verification of completing the required NAR® Code of Ethics course to this application for membership and a statement from their current Board/Association affirming the member is in good standing with no outstanding invoices.**

***APPLICANT ACKNOWLEDGES** that dues payments are not tax deductible as charitable contributions. Portions of the dues payments may or may not be tax deductible. Applicant is advised to consult with a tax professional. Contributions to RPAC and HCAR PAC are voluntary and are used for political purposes. The amount indicated is merely a guideline and you may contribute more or less than the suggested amount. You may refuse to contribute without affecting your membership rights. 70% of each RPAC contribution is used by the (State) PAC to support state and local political candidates. The other 30% of RPAC is sent to National RPAC to support Federal candidates and is charged against your limits under 52 U.S.C. 30116. Contributions to HCAR PAC are used exclusively for local political candidates. Harford County Association of REALTORS® Charitable and Educational Foundation is a 501(c) 3 corporation.



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ALL Applicants must sign:

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 from time to time, or any misstatement of fact, may be grounds for revocation of my membership, if granted.

(Signature) (Date)

TO BE COMPLETED BY THE APPLICANT’S BROKER or MANAGER (DESIGNATED REALTOR®):

I hereby verify that the above-named applicant is associated with my firm and I recommend that the applicant be admitted to the Active membership in the Harford County Association of REALTORS®, Inc., and I will comply with the dues formula rules of the National Association of REALTORS®, which requires the Designated REALTOR® to pay REALTOR® dues based upon the number of licensed agents associated in their firm.

(PRINT or TYPE FULL NAME)

(Signature) (Date)

(Email Address)

(COMPANY)

Check or Money Order Payment:

Enclosed/Attached is my payment of:

\$ _____ Entrance Fee \$ _____ Dues
\$ _____ RPAC; \$ _____ HCAR PAC; \$ _____ HCAR Foundation
\$ _____ Total Payment Check/Number: _____

Credit or Debit Card Payment: Visa _____ Master Card _____ Discover _____ American Express _____

Name on Card: _____

Card Number: _____ Billing Zip Code: _____

Expiration Date: _____ CVV: _____

Signature: _____