

PAAR

PEORIA AREA ASSOCIATION OF REALTORS®

REALTOR® MEMBERSHIP APPLICATION

I, _____ hereby apply for REALTOR® Membership in the above named Association. Enclosed is my check in the amount of \$_____, which I understand, will be returned to me in the event that I am not accepted to membership. In the event that my application is approved, I agree as a condition of membership to complete the Indoctrination Courses of the Association, and to thoroughly familiarize myself with, and abide by, the Code of Ethics of the National Association of REALTORS® and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the State Association, and the National Association, including the obligation to arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics, and as further specified in the Code of Ethics and Arbitration Manual of the National Association of REALTORS®, as from time to time amended. If required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.

I understand that membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as Indoctrination, not be completed within the timeframe established in the Association's Bylaws. I understand that I will be required to satisfactorily complete periodic Code of Ethics Training as specified in the Association's Bylaws as a continued condition of membership.

I consent that the Association may invite and receive information and comment, furnished to the Association by any person in response to the invitation, and information received shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel or defamation of character. And finally I understand that, with the form of application, have access to a copy of the Bylaws, Constitutions, Rules and Regulations and Code of Ethics referred to above.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Board with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Dues payments to the Peoria Area Association of REALTORS® are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

PAAR USE ONLY

Date Received: _____
Dues Paid: _____
Initial Fee: _____
Dates Appeared: _____

REAL ESTATE PROFESSIONAL PLAZA OF CENTRAL ILLINOIS

7307 N. Willowlake Court • Peoria, Illinois 61614-8227

Phone: 309.688.8591 • Fax: 309.688.3120



Visit us on the web at www.paarealtors.com



I hereby submit the following for your consideration:

PLEASE PRINT

Name: _____

Please list all licenses you hold (please submit a copy of each license and/or 45 Day Permit with application):

Broker: _____ License # _____ Salesperson: _____ License # _____ Appraiser: _____ License # _____

Do you hold yourself out to the public as being actively engaged in the listing or selling of real estate? Yes No

Residence Address: _____
City State Zip Code

Home Phone: _____ Cell Phone: _____

Personal Fax: _____ Preferred Phone: Firm Home Cell

Email: _____ Web Address: _____

I understand that by providing my email address and fax number, I consent to receive communications, advertisements and solicitations sent by or on behalf of Peoria Area Association of REALTORS®, its subsidiaries and affiliates, namely, the Illinois Association of REALTORS®, and National Association of REALTORS® via email or fax. I understand that PAAR will not share my email/phone/fax numbers with other organizations.

Name as shown on License: _____

Name as you want it to appear in the Membership Roster: _____
Last Name / First Name / Middle Initial

Gender: Male Female

Place of Birth: _____ Date of Birth: _____
City / State Month / Day / Year

Type of Business: _____

Firm Name: _____

Firm Address: _____
City State Zip Code

Firm Phone: _____ Firm Fax: _____

IF YOU ARE A PRINCIPAL, PARTNER, CORPORATE OFFICER OR BRANCH OFFICE MANAGER YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Firm License #: _____

Select Those Which Apply: Sole Proprietor Partnership Corporation LLC Other _____

Position Held: Principal Partner Corporate Officer Majority Shareholder
 Branch Office Manager Non-Principal Licensee

Name of other Partners/Officers of your firm: _____

Do you currently, or have you previously held membership in any other Real Estate Association? Yes No If 'Yes', name each Association, type of membership held, and dates establishing the time period for which membership was held: _____

Have you ever been refused membership in any other Real Estate Association? Yes No If 'Yes', state the basis for each such refusal and detail the related circumstances: _____

Have you every been convicted of a felony? Yes No If 'Yes', give details: _____

Are you a citizen of the United States? Yes No

Are there now any pending or unresolved complaints, or have there been within the past 5 years, any complaints against you or your firm before the state real estate regulatory agency or any other agency of government? Yes No If 'Yes', specify the current status or resolution of such complaint and attach to application: _____

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, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

Date: _____ Signature: _____
Applicant

APPLICATION WILL NOT BE PROCESSED WITHOUT BROKER OR SALES MANAGERS SIGNATURE

Broker certifies they have reviewed the foregoing application for accuracy and completeness.

Date: _____ Signature: _____
Broker or Sales Manager