

**APPLICATION FOR REALTOR® MEMBERSHIP**

San Francisco Association of REALTORS®  
301 Grove Street, San Francisco, CA 94102 • (415) 431-8500

I hereby apply for REALTOR® membership in the San Francisco Association of REALTORS®, the California Association of REALTORS®, and the National Association of REALTORS®. I am enclosing my check or credit card payment for fees in the amount of \$\_\_\_\_\_, which amount is to be returned to me, less a processing charge of \$25.00, in the event of non-election. I agree to thoroughly familiarize myself with and abide by the Code of Ethics of the National Association of REALTORS®, the Constitutions, bylaws and rules and regulations of the San Francisco Association of REALTORS®, the California Association of REALTORS® and the National Association of REALTORS®, including the obligation to arbitrate future business disputes in accordance with the Code of Ethics and Arbitration Manual of either the San Francisco Association of REALTORS® or the California Association of REALTORS®, whichever is applicable. Upon the expiration of said membership for any cause except for transfer, I will discontinue the use of the designation "REALTOR®" in all certificates, signs, seals or other indications of membership. Unless otherwise indicated, complete the following statements in full.

Name as shown on license \_\_\_\_\_

Name as you wish it to appear in the membership roster:

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First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mr.     Mrs.     Ms.     Miss

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_(Optional - to determine eligibility for emeritus membership only)

DRE License Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If transferring primary membership, please list former primary association:

Name of association \_\_\_\_\_ NRDS identification number \_\_\_\_\_

**Firm Information:**

Firm Name \_\_\_\_\_ (Maximum 30 characters)

Street Address \_\_\_\_\_ Suite Number \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone Number (\_\_\_\_) \_\_\_\_\_ FAX Number (\_\_\_\_) \_\_\_\_\_

Website Address \_\_\_\_\_

Home Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Please mail all bills and correspondence to:**     Firm address     Home address

**MEMBERSHIP DUES AND FEES**

Dues payments and contributions to political action committees are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as an ordinary and necessary business expense.

Initiation Fee	\$110.00
2012 SFAR Dues	290.00
2012 CAR Dues	184.00
2012 NAR Dues	<u>155.00</u>
<b>SUBTOTAL</b>	<b>\$739.00</b>
Voluntary Contributions:	
Realtor Action Fund	49.00
Housing Affordability Fund	<u>25.00</u>
(Voluntary Contribution)	
<b>TOTAL</b>	<b>\$813.00</b>

Full calendar year dues are payable at the time an application for membership is submitted to the Association. A credit against future charges is given for that portion of the dues payment which otherwise would apply to the period between the beginning of the calendar year and the date the application is submitted. For the purpose of determining this credit, dues (with the exception of the \$99 Realtor Action Fund and \$25 HAF portions) are prorated on a initiation fee applicable to whatever membership category is being sought also is payable at the time an application is submitted. A full refund of prepaid dues, as well as the applicable initiation fee, is made to any applicant whose application is not approved, less a processing fee of \$25.

**SFAR USE ONLY**

Assn. Number _____	Office Code _____	Payment Date _____
Payment By _____	Amount _____	Member Type _____

## STATISTICAL INFORMATION

When did you first enter the real estate business? \_\_\_\_\_

Have you been engaged continuously in the business since then?  Yes  No

What type of real estate license do you currently hold?  Broker  Salesperson

Restricted License (Explain nature of restriction) \_\_\_\_\_

In the firm with which you are associated, what best describes your primary function (check one):

1.  Partner in partnership
2.  Stockholder
3.  Corporate officer
4.  Associated as a salesperson
5.  Employed as a salesperson
6.  Office manager
7.  Other (please specify) \_\_\_\_\_

Rank in order of importance (1, 2, 3) the three or fewer types of real estate activities to which you devote the most time.

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Sales of existing single-family homes  | 8. <input type="checkbox"/> Appraising                |
| 2. <input type="checkbox"/> Sales of new single-family homes       | 9. <input type="checkbox"/> Counseling                |
| 3. <input type="checkbox"/> Sales of condominiums                  | 10. <input type="checkbox"/> Building and development |
| 4. <input type="checkbox"/> Sales of residential income properties | 11. <input type="checkbox"/> Mortgage financing       |
| 5. <input type="checkbox"/> Commercial/industrial brokerage        | 12. <input type="checkbox"/> Syndication              |
| 6. <input type="checkbox"/> Farm and land brokerage                | 13. <input type="checkbox"/> Business opportunities   |
| 7. <input type="checkbox"/> Property management                    | 14. <input type="checkbox"/> Other _____              |
- (Please specify)

Are you currently a member of any other local association?  Yes  No

\_\_\_\_\_  
(Name of association)

\_\_\_\_\_  
(NRDS identification number)

Have you held membership previously in any other local association?  Yes  No

Have you ever been disciplined by a local association?  Yes  No

Are you currently subject to any license restrictions by the Department of Real Estate or are there any pending or unfulfilled sanctions against you by the Department?  Yes  No

If so, give details and dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the highest level of formal education you have completed?

1.  Elementary school
2.  Some high school
3.  High school diploma
4.  Some college
5.  AA degree
6.  BA/BS degree
7.  Master's degree
8.  Law
9.  PhD

You are authorized to contact the following REALTORS® who are familiar with my qualifications for member- ship:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

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**AUTHORIZATION AND CERTIFICATION**

As an applicant for membership, I certify that the answers given in this application are true and correct, and I authorize the Association, through its representatives, to receive information and comment regarding me from any member or other person and agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel or defamation of character. This authorization is given solely for the purpose of allowing my application for membership to be approved. I further authorize the Association to make the information on pages 1 and 2 of this application available to the California Association of REALTORS® and the National Association of REALTORS®.

By signing below, I expressly authorize the Association, including the local, state and national, or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. Mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Association.

By signing below, I expressly agree that all arbitrations pursuant to the California Code of Ethics and Arbitration Manual ("Manual") shall be governed by the Manual, and I specifically agree to waive the arbitrator disclosure requirements of the provisions of the California Ethics Standards for Neutral Arbitrators in Contractual Arbitration in California and California Code of Civil Procedure Section 1281.9(a)(2), (3), (4) and (b) 1281.85, which require disclosures by REALTOR® arbitrators of information about prior arbitrations that is confidential under the rules of the California Association of REALTORS® and National Association of REALTORS®.

\_\_\_\_\_  
(Applicant) (Date)

**NOTICE TO SPONSORING BROKER**

I certify that the licensee listed above is associated with me in the capacity indicated on page two, question three. I further certify that I am empowered to bind this agent to arbitrate future business disputes in accordance with the Code of Ethics and Arbitration Manual of either the San Francisco Association of REALTORS® or the California Association of REALTORS®, whichever is applicable and hereby agree to do so. Further, I understand that if during his/her period of affiliation with me this licensee fails to maintain membership in the San Francisco Association of REALTORS®, my annual dues will be increased by an amount determined annually by the board of directors of the San Francisco Association of REALTORS®.

\_\_\_\_\_  
(Signature of Designated Broker) (Date)

Please note: You are NOT a "REALTOR®" until your application is approved, membership requirements are completed and you are duly notified.

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**Optional Personal Data**

First name of spouse \_\_\_\_\_  
Number of children \_\_\_\_\_  
Personal hobbies \_\_\_\_\_  
In what other businesses have you been engaged? \_\_\_\_\_  
To what service organizations do you belong? \_\_\_\_\_

