



## STATISTICAL INFORMATION

Are you currently a member of any other local association?

Yes

No

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(Name of association)

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(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 OREA or are there any pending or unfulfilled sanctions against you by the OREA?

Yes

No

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

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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 membership:

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Name	Address	Phone
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Name	Address	Phone
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Designated REALTOR® applicants must provide the Association with a list of licensees employed by or affiliated with them and must also regularly update the Association on any changes, additions, or deletions from the list. On a separate sheet, please list all licensees under your license, including their name, the type of license and their OREA license number.

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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®.

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(Applicant)

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(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? \_\_\_\_\_

(For office use only)  
**VERIFICATION REPORT**

Application received Date \_\_\_\_\_ Initials \_\_\_\_\_  
Entered in system Date \_\_\_\_\_ Initials \_\_\_\_\_  
Folder set up Date \_\_\_\_\_ Initials \_\_\_\_\_  
Acknowledgement letter sent Date \_\_\_\_\_ Initials \_\_\_\_\_  
DRE report ordered Date \_\_\_\_\_ Initials \_\_\_\_\_  
DRE report received Date \_\_\_\_\_ Initials \_\_\_\_\_  
References checked Date \_\_\_\_\_ Initials \_\_\_\_\_

Received by accounting Date \_\_\_\_\_ Initials \_\_\_\_\_  
Initiation fees paid: Date \_\_\_\_\_ Initials \_\_\_\_\_  
Membership Amount \_\_\_\_\_ Initials \_\_\_\_\_  
Total paid Amount \_\_\_\_\_ Initials \_\_\_\_\_  
Paid by:  
Cash \_\_\_\_\_  
Check number \_\_\_\_\_  
Credit card \_\_\_\_\_  
Billing completed Date \_\_\_\_\_ Initials \_\_\_\_\_

Membership Committee  
Initials \_\_\_\_\_ Date \_\_\_\_\_  Approved  Disapproved  
Initials \_\_\_\_\_ Date \_\_\_\_\_  Approved  Disapproved  
Initials \_\_\_\_\_ Date \_\_\_\_\_  Approved  Disapproved  
Initials \_\_\_\_\_ Date \_\_\_\_\_  Approved  Disapproved  
Reason for disapproval \_\_\_\_\_

Board of Directors action Date \_\_\_\_\_ Initials \_\_\_\_\_  
First orientation letter sent Date \_\_\_\_\_ Initials \_\_\_\_\_  
Second orientation letter sent Date \_\_\_\_\_ Initials \_\_\_\_\_  
Orientation attended Date \_\_\_\_\_ Initials \_\_\_\_\_  
Membership certificate ordered Date \_\_\_\_\_ Initials \_\_\_\_\_  
Membership certificate received Date \_\_\_\_\_ Initials \_\_\_\_\_

**REMARKS**

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