



## 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 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 DRE 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 _____	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved
Initials _____	Date _____	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved
Initials _____	Date _____	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved
Initials _____	Date _____	<input type="checkbox"/>	Approved	<input type="checkbox"/>	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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