

Lower Columbia Association of REALTORS®

APPLICATION FOR REALTOR® MEMBERSHIP

APPLICATION MUST BE COMPLETED BY THE APPLICATE

Please be accurate as the information you provide will be entered into the REALTOR database. Also, please notify this office of any changes.

Applicant's Name (as shown on license):		Nickname:	
Membership Type: <input type="checkbox"/> REALTOR® <input type="checkbox"/> REALTOR® Associate <input type="checkbox"/> Staff <input type="checkbox"/> Secondary Member			
Office Name:		City:	
Real Estate License Number:		Date of Birth:	
Home Address, City, Zip:			
Office Mailing Address:			
Home Phone Number:		Cell Phone Number:	
Office Phone Number:	Fax Number:	Preferred Contact Number: <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Email Address:			
If your preferred mailing address is different from your home address (i.e. PO Box or Office), please provide the address.			
Have you ever been a member of another Association of REALTORS? <input type="checkbox"/> Yes: <input type="checkbox"/> No YES: provide the NRDS #			
If yes, please provide the Association name, dates of membership and your NRDS number:			
Primary field of business (select one):			
<input type="checkbox"/> General Residential Sales (<i>most common</i>) <input type="checkbox"/> New Homes <input type="checkbox"/> Buyer Brokerage <input type="checkbox"/> Vacation Rentals <input type="checkbox"/> Manufactured Homes <input type="checkbox"/> Residential Lots <input type="checkbox"/> Condominiums <input type="checkbox"/> Second Homes <input type="checkbox"/> Timeshare Sales <input type="checkbox"/> Property Management <input type="checkbox"/> Land Sales/Leasing <input type="checkbox"/> General Commercial Sales/Leasing <input type="checkbox"/> Office Sales/Leasing <input type="checkbox"/> Retail Sales/Leasing <input type="checkbox"/> Association Executive <input type="checkbox"/> Association Office Assistant <input type="checkbox"/> Real Estate Office Administrative Support Staff - Licensed <input type="checkbox"/> Real Estate Office Administrative Support Staff – Not Licensed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify)			
Secondary Field of Business (from list above or specify):			
<i>I hereby apply for REALTOR membership in the Lower Columbia Association of REALTORS®. I agree to complete the orientation course of the Lower Columbia Association of REALTORS®. I further agree that my act of paying dues shall evidence my commitment to abide by the Code of Ethics, Standards of Practice and Bylaws of the Lower Columbia Association of REALTORS®, Washington REALTORS® and National Association of REALTORS®.</i> <i>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, may be grounds for revocation of my membership.</i>			
Applicant Signature:		Date:	
Designated Broker/Office Manager Signature:			

Signed by Directors on:

For LoCAR Office Use Only	Member NRDS #	Office NRDS #	Join Date	Mail Chimp QuickBooks Resource Guide	Orientation Date	Induction Date