



APPLICATION FOR REALTOR® MEMBERSHIP

Hattiesburg Area Association of REALTORS®, Inc.

1000 Broadway Dr., Suite 30

Hattiesburg, MS 39401

Phone: 601-582-0099 FAX: 601-582-0089

YOUR PREFERRED E-MAIL ADDRESS: _____

I, _____, hereby apply for REALTOR® membership in the above named Association and am enclosing my check in the amount of \$_____ for a one time application fee and for my annual dues* and assessments payable to the Hattiesburg Area Association of REALTORS®. My application fee and dues and assessments will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws and Rules and Regulations of the Hattiesburg Area Association of REALTORS®, Inc., the Mississippi Association of REALTORS® and the National Association of REALTORS®, and 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 consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further 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 by me for slander, libel, or defamation of character. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

Note: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

* Dues amount is prorated according to month joining. I hereby submit the following information for your consideration:

Name as shown on license: _____

Please Print

Name as you want it to appear on membership roster: _____

Type of license or certification: _____ Broker _____ Salesman _____ Appraiser

License #: _____

Date Issued: ___/___/___

Name of Firm: _____

Office Address: (Physical location of office) _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Fax #: _____

Residence Address _____

Phone _____

Do you hold yourself out to the general public as being actively engaged in the real estate business? _____ Yes
_____ No

Social Security No. _____ Date of Birth _____

Highest Level of Education Completed _____

First Entered Real Estate or Appraisal Business _____

Have you been engaged continuously in the business since then? _____

If not, what other business have you been engaged? _____

Are you now employed or engaged in any other business? _____ If yes, what? _____

How long with current firm? _____ Previous real estate firm _____

Are you a member of any other Association of REALTORS®? _____

If Yes, name of Association and type of membership held _____

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) # _____

Are you a designated broker or branch manager? _____ If yes, you must also complete 3rd page of this 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 further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Hattiesburg Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **NO REFUNDS.**

Dated _____

Signature _____



HATTIESBURG AREA ASSOCIATION OF REALTORS, INC.

1000 Broadway Drive, Suite 30
Hattiesburg, Mississippi 39401
601/582-0099
Fax 601/582-0089

I, _____ understand that as a condition of membership in the Hattiesburg Area Association of REALTORS®, Inc. and in accordance with the Bylaws agree to complete the Indoctrination Course for new members within one (1) year of association's receipt of application.

I also agree to take the "New Member Code of Ethics Orientation Course" within 365 days from the date of application as required by the NATIONAL ASSOCIATION OF REALTORS®. However, this requirement does not apply to applicants for REALTOR® membership who have taken the pre-license courses in the classroom from the Miss. REALTOR® Institute since January 2001, or provisional members who have completed comparable orientation in another association, provided that REALTOR® membership has been continuous, or that any break in membership is for one year or less. If MRI pre-license courses were taken online, then the new member will be required to take the course at NAR's website.

In the event I am not able to complete this course(s) in the time specified, I understand that my membership will be suspended until I can complete the course(s). If I am suspended, I cannot use the term REALTOR® on any advertising, letterhead or business cards, etc.

Signature of Applicant

Date

Date of Approval by Board of Directors: _____

Date Indoctrination Course Taken: _____



AGENT DATA WORKSHEET

SOCIAL SECURITY # _____

PIN CODE FOR MLS KEYPAD _____

NAME (Last, First, Middle Initial) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____

OFFICE NAME _____

OFFICE ADDRESS _____

DATE YOU WERE LICENSED WITH THIS OFFICE _____

*REAL ESTATE OR APPRAISER LICENSE # _____

DATE LICENSE ISSUED _____

*PRE-LICENSE COURSES TAKEN: _____

DATE OF COMPLETION: _____

CELL # _____ PAGER # _____

EMAIL ADDRESS _____

PREFERRED MAILING ADDRESS (If different from office):

**Please provide a copy of the MRI Pre-License Certificate of Completion and a copy of MREC License.*



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INTERNET ACCESS AUTHORIZATION FORM

Office Name _____
Office Phone _____ Cell Phone _____
Address _____

User Full Name _____
Logon Name hat. _____
User e-mail address _____

ACCESS LEVEL (please check one)

____ APPRAISER
____ REALTOR
____ STAFF

User signature _____
Date _____

