



## 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 3<sup>rd</sup> 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 \_\_\_\_\_

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 3 FOR DESIGNATED BROKER/BRANCH MANAGER

Does your office comply with zoning requirements for its location? \_\_\_\_\_

Company Information:     Individual     DBA     Partnership     Corporation  
Your Position:         Principal     Partner     Corporate Officer     Trustee  
                               Employee     Independent Contractor     Other

Names of Principals/Partners/ Officers/Trustees of your firm: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other real estate Association? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state the basis for each such refusal and detail the circumstances related thereto: \_\_\_\_\_  
\_\_\_\_\_

Is the Office Address, as stated, your principal place of business? \_\_\_\_\_  
If not, or if you have any branch offices, please indicate and give address: \_\_\_\_\_  
\_\_\_\_\_

In what areas of real estate do you specialize? \_\_\_\_\_

Do you hold, or have you ever held a real estate license in any other state? \_\_\_\_\_  
If so, where? \_\_\_\_\_

Have there been any complaints, within the last five years, against you or the firm with which you are  
associated? \_\_\_\_\_  
If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

## 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.*



# HATTIESBURG AREA ASSOCIATION OF REALTORS, INC.

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

## 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 \_\_\_\_\_





**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: \_\_\_\_\_



# HATTIESBURG Area Association of REALTORS®

## MLS PARTICIPATION AGREEMANT

I, \_\_\_\_\_, being a member of the Hattiesburg Area Association of REALTORS®, Inc. in good standing, do hereby agree and declare that I and all licensed agents for whom I am responsible, will conform to the Rules and Regulations of the Hattiesburg Area Association of REALTORS®, Inc. MLS of Hattiesburg, MS and pay the costs incidental to membership and to further pay the Participation Fee of **\$ 1500.00.**

I, \_\_\_\_\_, shall be designated as the voting member, and I hereby certify that voting designee meets all requirements of voting designees.

### I am responsible for the licensed agents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_