



**APPLICATION FOR REALTOR® MEMBERSHIP**

**Hattiesburg Area Association of REALTORS®, Inc.**

411 Classic Drive

Hattiesburg, MS 39402

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 and the application fee is nonrefundable.

In the event of my election, I agree to attend the new member orientation within 180 days of application to membership. Failure to meet this requirement may result in having my membership terminated. If elected to membership, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or mediate if required by the Association) and the Constitution, Bylaws and Rules and Regulations of the Hattiesburg Area Association of REALTORS®, the Mississippi REALTORS® Association and the National Association. I also understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement(s), such as orientation, not be completed within the timeframe established in the association’s bylaws. I further understand that I will be required to complete periodic Code of Ethics training as specified in the association’s bylaws as a continued condition of membership.

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

Home Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Do you hold yourself out to the general public as being actively engaged in the real estate business or appraisal business? \_\_\_\_\_ Yes \_\_\_\_\_ 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.**

Date \_\_\_\_\_

Signature \_\_\_\_\_



# **HATTIESBURG** *Area* *Association of REALTORS*<sup>®</sup>

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I, \_\_\_\_\_, understand that as a condition of membership in the Hattiesburg Area Association of REALTORS<sup>®</sup>, Inc. and in accordance with the Bylaws agree to complete the New Member Orientation Course. I will have 180 days or two (2) chances to take this course after association's receipt of application.

I also agree to take the "New Member Code of Ethics Course" within 60 days from the date of application as required by the NATIONAL ASSOCIATION OF REALTORS<sup>®</sup>.

If I am a Participant or subscriber of MLS, I agree to take the required MLS Orientation program devoted to the MLS Rules & Regulations and computer training related to MLS information entry and retrieval and the operation of MLS within 60 days after access has been provided.

In the event I am not able to complete any of these courses 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<sup>®</sup> on any advertising, letterhead or business cards, etc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Date of Approval by Board of Directors: \_\_\_\_\_

Date Orientation Course Taken: \_\_\_\_\_



# HATTIESBURG *Area* Association of REALTORS®

## AGENT DATA WORKSHEET

NAME (Last, First, Middle Initial) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OFFICE NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

OFFICE PHONE # \_\_\_\_\_

OFFICE FAX # \_\_\_\_\_

DATE YOU WERE LICENSED WITH THIS OFFICE \_\_\_\_\_

\*REAL ESTATE OR APPRAISER LICENSE # \_\_\_\_\_

DATE LICENSE ISSUED \_\_\_\_\_

\*PRE-LICENSE COURSES TAKEN \_\_\_\_\_

DATE OF COMPLETION \_\_\_\_\_

PIN CODE FOR MLS \_\_\_\_\_ (4 NUMBERS)

EMAIL ADDRESS \_\_\_\_\_

PREFERRED MAILING ADDRESS (if different from office:

\_\_\_\_\_

\_\_\_\_\_

\*Please provide a copy of your current Real Estate License.

Revised 2020



# HATTIESBURG *Area* Association of REALTORS®

INTERNET ACCESS AUTHORIZATION FORM

OFFICE NAME: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

OFFICE FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

USER FULL NAME: \_\_\_\_\_

LOGIN NAME: hat. \_\_\_\_\_

USER EMAIL ADDRESS: \_\_\_\_\_

ACCESS LEVEL: (please check one)

\_\_\_\_\_ APPRAISER

\_\_\_\_\_ REALTOR

\_\_\_\_\_ STAFF

\_\_\_\_\_ ASSISTANT (Unlicensed but assisting Licensed Agent)

User Signature: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

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

As a member of the Hattiesburg Area Association of REALTORS® (HAAR), I would like to receive information and alerts via text messages from HAAR. I understand this program is completely voluntary and that text messaging rates and fees may apply as determined by my cellular provider. HAAR is not responsible for any fees charged to me by my cellular provider. If at any time I wish to discontinue receiving text messages from HAAR, I must notify HAAR staff in writing to withdraw from the text program. This information will be used only by HAAR and the notification system that will be providing the service.

**Name**

**Company**

**Cell Phone Number**

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