



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.

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 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.**

Date _____

Signature _____

Hattiesburg Area Association of REALTORS®, 411 Classic Drive, Hattiesburg, MS 39402
Phone (601)582-0099; Fax (601)582-0089; E-Mail: hattiesburgrealtors@haar-ms.org

Revised 2026



HATTIESBURG *Area* *Association of* **REALTORS®**

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 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 and Fair Housing" within 60 days from the date of application as required by the NATIONAL ASSOCIATION OF REALTORS®.

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® 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 _____

EMAIL ADDRESS _____

OFFICE NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

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 _____

PREFERRED MAILING ADDRESS (if different from office:

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

Revised 2025



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: _____

Hattiesburg Area Association of REALTORS®, 411 Classic Drive, Hattiesburg, MS 39402
Phone (601)582-0099; Fax (601)582-0089; E-Mail: hattiesburgrealtors@haar-ms.org

Revised 2026

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

Revised 2026