



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.**

Dated _____

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**

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

Does your office comply with zoning requirements for its location? _____

Company Information: Sole Proprietor Partnership Corporation LLC
 Other (Specify): _____

Your Position: Principal Partner Corporate Officer Majority Shareholder
 Branch Office Manager 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
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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: _____



MLS Participation Agreement for Members of the Hattiesburg Area Association of REALTORS®, Inc.

Name of Participant: _____

Office Mailing Address: _____

Phone No: _____ **Fax No:** _____

E-Mail Address: _____

I agree as a condition of participation in the **Hattiesburg Area Association of REALTORS®** MLS to abide by all relevant bylaws, rules, and other obligations of participation including payment of fees. I confirm that I currently, and will on a continual basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS. That I am licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property. I agree that I must continue to engage in such activities during my participation in the MLS. I further agree to be bound by the Code of Ethics including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Association. I acknowledge that failure to abide by these conditions of participation on an ongoing basis may result in potential suspension or termination of MLS participation rights after a hearing in accordance with the MLS's established procedures. The Participant shall pay cost incidental to membership and to further pay the **Participation fee of \$1,500.00** as set by the Board of Directors of the Hattiesburg Area Association of REALTORS®, Inc.

Signature of Participant: _____

Date: _____

I am responsible for the following licensed agents/appraisers (Attach additional signatures on separate sheet):

Signature of Each Agent/Appraiser Subscriber:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____



HATTIESBURG Area Association of REALTORS®

AGENT DATA WORSHEET

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 2026



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: _____

Revised 2020

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.

<u>Name</u>	<u>Company</u>	<u>Cell Phone Number</u>
_____	_____	_____

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