



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 _____

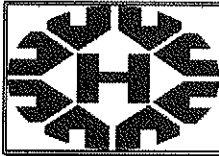
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) # _____

Are you a designated broker or branch manager? _____ If yes, you must also complete 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®

CODE OF ETHICS FORM

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 opportunities to take this course after the association's receipt of application.

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

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.

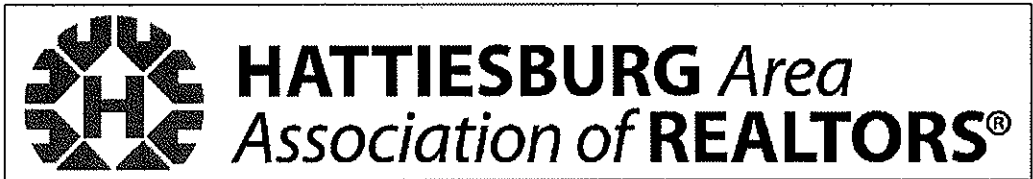
Signature of Applicant

Date

Date of Approval by Board of Directors: _____

Date HAAR Orientation Course Completed: _____

Date NAR New Member Code of Ethics Course Completed: _____



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 _____

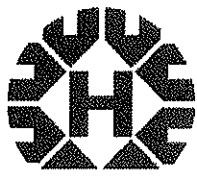
DATE OF COMPLETION: _____

PIN CODE FOR MLS _____ (4 NUMBERS)

EMAIL ADDRESS _____

PREFERRED MAILING ADDRES (if different from office):

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



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

INTERNET ACCESS AUTHORIZATION FORM

Office Name _____

Office Phone _____

Office Fax _____

Address _____

User Full Name _____

Logon Name: hat. _____

User e-mail address _____

ACCESS LEVEL (please check one)

APPRAISER

REALTOR

STAFF

ASSISTANT (Unlicensed but assisting Licensed Agent)

User 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
