



# CCAR

## Clark County Association of Realtors®

### APPLICATION FOR MEMBERSHIP

Please complete the application and deliver to the Board or fax to (360) 695-8254 with a copy of your real estate license.

I hereby apply for: \_\_\_ Designated REALTOR®, \_\_\_ REALTOR®, \_\_\_ Secondary REALTOR®, \_\_\_ Appraiser, or \_\_\_ Affiliate membership in the Clark County Association of REALTORS®, Inc., enclosing my application fee and dues in the amount of \$\_\_\_\_\_. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, and the Constitution, By-laws, and Rules and Regulation of the Clark County Association of REALTORS®. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person. I agree to satisfactorily complete the new member orientation course within one year of application date. I further agree that any information and comment furnished to the Board 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.

If applying as an Affiliate Member, I represent that I hold in good standing and will maintain throughout my membership whatever governmental licenses, certificates, permits and/or bonds that are required or routinely expected for the profession or business in which I am engaged. I understand that at any time hereafter should I fail to possess for any reason such licenses, certificates, permits or bonds, my Affiliate Member status will be terminated

I hereby submit the following information for your consideration:

Title: Mr./Mrs./Ms.      Gender: M/F      Last 4 digits SS #: \_\_\_\_\_      Birth Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Int. \_\_\_\_\_ Last Name: \_\_\_\_\_

Real Estate, Appraisal or other License Number: \_\_\_\_\_

Home Address (including City, State, Zip): \_\_\_\_\_

Home Telephone No. ( ) \_\_\_\_\_      Personal Fax No. ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_      Cell #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Physical Address (including City, State, Zip): \_\_\_\_\_

Office Mailing Address if different from Physical: \_\_\_\_\_

Office Telephone No. ( ) \_\_\_\_\_      Office Fax No. ( ) \_\_\_\_\_

I PREFER MY MAIL DELIVERED TO:  HOME       OFFICE

1. Are you a member of any other Real Estate Association whether or not affiliated with the National Association of REALTORS®?  Yes  No.

If "Yes", name the association, the type of membership held, and dates establishing the time period for which membership has been held

---

---

2. Have you ever been refused membership in any other Real Estate Association?  Yes  No

If "Yes" state the basis for each refusal and detail the circumstances related thereto.

---

---

3. Is the office address, as stated, your principal place of business?  Yes  No

If "No" provide the address of your principal place of business:

---

---

4. Do you hold, or have you held, a real estate license in an other state?  Yes  No

If "Yes" please specify \_\_\_\_\_

Has your real estate license, in this or any other state, been suspended or revoked?

Yes  No

If "Yes" specify the substance of each complaint in each state, the agency before which the complaint was made, and the current status or resolution of such complaint:

---

---

5. Have you ever been convicted of a felony?  Yes  No

If "Yes" please state the nature of the conviction:

---

---

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 ground for revocation of my membership if granted. I agree that, if accepted for membership in the Association, I shall pay the fees and dues as established.

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

Revised 1/08

**2012 DUES SCHEDULE**  
**REALTOR® & Appraiser Dues**

Breakdown of Total 2012 Dues						
<b>MONTH</b>	<b>LOCAL DUES &amp; Prop.Rts.</b>	<b>STATE **</b>	<b>Nat. **</b>	<b>TOTAL DUES</b>	<b>APP. FEE* **</b>	<b>TOTAL DUES W/APP. FEE</b>
January	174.00	197.00	155.00	526.00	150.00	676.00
February	174.00	180.58	145.00	499.58	150.00	649.58
March	174.00	164.17	135.00	473.17	150.00	623.17
April	130.50	147.75	125.00	403.25	150.00	553.25
May	130.50	131.33	115.00	376.83	150.00	526.83
June	130.50	114.92	105.00	350.42	150.00	500.42
July	87.00	98.50	95.00	280.50	150.00	430.50
August	87.00	82.08	85.00	254.08	150.00	404.08
September	87.00	65.67	75.00	227.67	150.00	377.67
October	43.50	49.25	65.00	157.75	150.00	307.75
November	43.50	32.83	55.00	131.33	150.00	281.33
December	43.50	16.42	45.00	104.92	150.00	254.92

\*\*\*Application Fee applies to new members.

\*\*Secondary Members of 'contiguous states' do not need to pay Application Fee, State Dues or National Dues. If a Secondary Member would like access to the Legal Hotline, they do need to pay State Dues.