



APPLICATION FOR REALTOR® MEMBERSHIP

FOR SAAR OFFICE USE ONLY

<input type="checkbox"/> Designated REALTOR® <input type="checkbox"/> REALTOR®	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary (If Secondary, Name of Primary Association: _____)	MLS ID _____	NAR ID _____
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I hereby apply for REALTOR® Membership in the **Scottsdale Area Association of REALTORS®**, enclosing required payment. I understand that my **dues** and the **application fee** are **nonrefundable**. I will attend orientation within **90 days** of the first full month following my application for REALTOR® membership, and complete the NATIONAL ASSOCIATION OF REALTORS® Code of Ethics training prior to my orientation date. Failure to meet these requirements may result in having my membership terminated. I agree to thoroughly familiarize myself with and agree to abide by the SAAR, AAR, and NAR BYLAWS, the SAAR Rules and Regulations, and the NAR Constitution. I will abide by the Code of Ethics and Arbitration Manual of NAR as amended, including the obligation to arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics. I understand I have access to a copy of the SAAR, AAR, and NAR BYLAWS, the SAAR Rules and Regulations, and the NAR Constitution and Code of Ethics. I understand membership **may be revoked should completion of requirements, such as orientation and Code of Ethics training, not be completed within timeframe established in the association's bylaws**. I understand that I will be required to complete Code of Ethics training as specified in the association's bylaws as a *continued* condition of membership. I authorize SAAR and any of its representatives to verify the information I have provided herein.

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®.

PERSONAL INFORMATION:					
First Name		Middle Name			
Last Name	Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Other:				
Nickname:					
Home Address:					
City:	State:	Zip:			
Home Phone:	Cell Phone:				
Personal Fax:					

E-mail Address:			
Real Estate License #:			
Date of Birth:		Languages Spoken:	

COMPANY INFORMATION:

Office Name:			Office ID
Office Address:			
Office Phone:		Fax:	

PREFERRED MAILING/CONTACT INFORMATION:

Preferred Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Cell
Preferred Mailing:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Alternate Mailing Address (provide below)
Alternate Mailing Address:			

APPLICANT INFORMATION:

Are you currently a member of any other Association of REALTORS®?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide name of Association & NRDS ID number:			
Have you previously held membership in any other Association of REALTORS®?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide name of Association & NRDS ID number:			
Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
(If yes, provide details):			
Have you ever been refused membership in any other Association of REALTORS®?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, provide details):			
Do you hold, or have you ever held, a real estate license in any other state?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, where:			
Field of Business/Specialty?		<input type="checkbox"/> Residential Real Estate <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Residential Leasing and Property Management <input type="checkbox"/> Commercial Leasing and Property Management <input type="checkbox"/> Other _____	
Business Website:			
What is your Primary Role?		<input type="checkbox"/> Designated or Managing Broker <input type="checkbox"/> Self-employed Broker/Owner <input type="checkbox"/> Associate Broker <input type="checkbox"/> Agent	
Do you plan to do Real Estate:		<input type="checkbox"/> FT or	<input type="checkbox"/> PT
		Are you part of a Team? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you do business as a:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
What was your Prior Career?			

Just For Fun – Are You A...						
<input type="checkbox"/> Techie	<input type="checkbox"/> Political Junkie	<input type="checkbox"/> Community Activist	<input type="checkbox"/> Avid Golfer	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Team Leader	<input type="checkbox"/>
<input type="checkbox"/> Performer/Musician	<input type="checkbox"/> Avid Learner	<input type="checkbox"/> Foodie	<input type="checkbox"/> Risk Taker	<input type="checkbox"/> Young Professional		

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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Scottsdale Area Association of REALTORS® are **NON-REFUNDABLE** and not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense.

I hereby acknowledge that SAAR, AAR, and NAR are authorized to distribute a member’s name, company name, business address, email address, company phone and FAX number on their respective websites. **(NO PERSONAL INFORMATION IS PUBLISHED)**. Members agree to notify SAAR immediately if their information changes.

By signing below I consent that the Scottsdale Area Association of REALTORS® Associations, Arizona Association of REALTORS®, the National Association of REALTORS®, ARMLS, and their subsidiaries, if any, may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future.

Dated: _____

Signature: _____

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Orientation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No – returning member Date: ___ / ___ / ___ <input type="checkbox"/> No – secondary member	Code of Ethics <input type="checkbox"/> Needs to be completed <input type="checkbox"/> Already completed (Date: ___ / ___ / ___)
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NEW MEMBER ORIENTATION

Location: 8600 East Anderson Drive, Scottsdale 85255

NOTE: This form **MUST** accompany your application for REALTOR® Membership.

Name: _____

Email: _____

You have been granted provisional membership. In order to attain full REALTOR® membership status, the following 2 requirements must be completed.

1 COMPLETE THE NAR CODE OF ETHICS PRIOR TO YOUR ORIENTATION DATE The NAR Code of Ethics can be taken online for FREE at realtor.org
When you have completed the class online at realtor.org, NAR will email you your score.
You simply forward that email to SAAR.

2 ATTEND NEW MEMBER ORIENTATION WITHIN THREE MONTHS FROM 1ST DAY OF THE MONTH FOLLOWING RECEIPT OF YOUR MEMBERSHIP

This class is offered the first Wednesday of every month unless otherwise specified.

YOUR SCHEDULED "NEW MEMBER ORIENTATION" DATE IS:

_____ from 8:30am - 12:30pm

Requirements #1 & #2 MUST be completed by _____

If you do not complete the above requirements:

- Your REALTOR® membership will be terminated and you will become a non-member salesperson with your firm.
- Your MLS and Supra Lockbox Key services will be inactivated.
- To reinstate your REALTOR® status and restore your access to MLS and Supra Lockbox key services, you must complete the two requirements above and pay a reactivation fee of \$125.

Please notify us 7 days in advance if you have any disability that requires special services or access.

Per the BYLAWS of the National Association of REALTORS® and the Scottsdale Area Association of REALTORS®, it is mandatory for each REALTOR® applicant to attend the New Member Orientation Class within 90 days of the first full month following application, for REALTOR® membership to the Scottsdale Area Association of REALTORS®.

For any further questions, feel free to contact our helpful membership team at:

info@scottsdalerealtors.org | 480-945-2651

ORIENTATION DAY AGENDA

Check-In, Networking | 8:15AM - 8:30AM

Orientation | 8:30AM - 12:30PM

8:30AM - 8:40AM

Your Association Benefits, Legislative Advocacy

8:40AM - 9:45AM

Your Association Benefits, Local, State, & National RPR

9:45AM - 10:00AM

Break

10:00AM - 10:40AM

Legislative Advocacy, Fair Housing, Anti-Trust

10:45AM - 10:55AM

Break

10:55AM - 12:00PM

Code of Ethics, Pathways to Professionalism

12:00AM - 12:30PM

What Makes a REALTOR® Succeed, Swearing In

APPLICANT'S SIGNATURE _____ **DATE** _____



ARMLS® / flexmls® Web New Subscriber Information & Payment Form

Date _____

We will provide you with your MLS ID and password when you come in to join.

MLS ID / Username _____ Password _____ Access MLS at <http://armls.flexmls.com>

Subscriber Type: _____ Designated REALTOR® _____ REALTOR®
_____ Appraiser _____ Affiliate with Key

Last Name _____ First Name _____ Middle Name or Initial _____

Home / Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Office Phone _____ Home / Office Fax _____

Email _____ Website _____

Office Name _____ Office ID _____

Signature: _____ Date: _____

Please leave blank. We will provide you with this information when you come in to join.

<p>MLS Subscriber Fee \$ _____ valid through June 30, _____</p>
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Payment Information

The Association will activate your MLS access and assign your MLS ID and login information. Once you log into flexmls Web® for the first time, you will be prompted to reset your password.

All payments are processed by ARMLS®. To pay by credit/debit card online go to armls.com/payfees. login with your MLS credentials listed above and fill-in your card information. You will receive an email confirmation after you submit payment. You may also call ARMLS® at 480-303-7248 to make a payment by phone. If paying by check, please mail payment to ARMLS® at 130 S Priest Drive #101, Tempe, AZ 85281. Please include your MLS ID on the check to insure proper posting. Cash is no longer accepted.

Please note: Access to the MLS and Key box systems will be suspended if payment is not received within 3 days.

Arizona Regional Multiple Listing Services (ARMLS)

Administrative Offices • 130 South Priest Drive, Tempe, AZ 85281-2493 | Training Facility • 120 South Priest Drive, #105, Tempe, AZ 85281-2493
Main Office: 480.921.7777 | Help Desk: 480.303.7020 | Compliance: 480.303.7021 | ARMLS Support Center (Lockbox Key): 480.303.7249