



APPLICATION FOR DESIGNATED REALTOR MEMBERSHIP

TO: Pikes Peak Association of REALTOR, Inc.

I, \_\_\_\_\_ hereby apply for membership in the Pikes Peak Association of REALTORS (PPAR). I have enclosed my payment in the amount of \$\_\_\_\_\_,\* which I understand will be returned to me in the event I am not accepted to membership. In the event of my acceptance, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS (NAR), which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations PPAR, Colorado Association of REALTORS (CAR) and NAR. If required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I 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 requirements, such as orientation, not be completed within timeframe established in PPAR's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the Association Bylaws as a continued condition of membership.

Applicant acknowledges that if accepted as a member and he/she subsequently resigns from PPAR 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.

Applicant acknowledges that if accepted as a member and he/she subsequently resigns from PPAR or otherwise causes membership to terminate, the application fees to PPAR are non refundable. NAR, CAR and PPAR annual dues may be refundable if requested within one month of start of dues year. Payments to PPAR are not tax deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense, excluding portions used of lobbying at the local, state and national levels.

\* Amount shown is prorated according to month joining.

Initials: \_\_\_\_\_

For Staff use
Date Applied \_\_\_\_\_

App. Fee \_\_\_\_\_ Dues \_\_\_\_\_

Office ID \_\_\_\_\_ Member ID \_\_\_\_\_

**Please print or type all information**

I hereby submit the following information for your consideration:

Name \_\_\_\_\_  
*(As shown on license)*

First name as you want it to appear in PPAR roster \_\_\_\_\_

Date of Birth \_\_\_\_\_

Real Estate License # \_\_\_\_\_ *(Copy of license required)*

Licensed/Certified Appraiser # \_\_\_\_\_ *(Copy of license required)*

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

Office Address \_\_\_\_\_  
*(Street) (Suite # or other)*

\_\_\_\_\_ *(City) (State) (Zip Code)*

Office Telephone Number (\_\_\_\_) \_\_\_\_\_ Office Fax Number (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_  
*(Street) (Apt. # or other)*

\_\_\_\_\_ *(City) (State) (Zip Code)*

Main Contact Number (\_\_\_\_) \_\_\_\_\_ Personal Fax Number (\_\_\_\_) \_\_\_\_\_

Additional Phone Numbers \_\_\_\_\_  
*Specify: Cell (C), Pager (P), Secondary (S)*

Company information: Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_

Your position: Principal \_\_\_ Partner \_\_\_ Corporate Officer \_\_\_ Branch Office Manager \_\_\_

Names of other Partners/Officers/ of your firm:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a membership in any Association of REALTORS® or are you presently a member of any Association of REALTORS®? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and state of Association including type of membership \_\_\_\_\_  
\_\_\_\_\_

If you are now or have ever been a REALTOR® indicate your NAR membership

(NRDS) # \_\_\_\_\_

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?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide details as an attachment.)

Preferred mailing address (see Marketing and Communication Consent Form) Office \_\_\_\_\_ Home \_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the basis for each such refusal and detail the circumstances related thereto:

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Is the office address, as stated, your principal place of business? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, or if you have any branch offices, please indicate and give address:

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Do you hold, or have you ever held, a real estate license in any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where:

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Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details, you may add additional pages if needed:

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Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime? If yes, provide details:

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Please mark one primary **Field of Business** with a **1** and up to three **Secondary's** with a **2**:

Appraisal _____	Brokerage Management _____	Buyer Brokerage _____
Commercial Sales/Leasing _____	Development _____	International _____
Investment Properties _____	Land Sales/Leasing _____	New Homes _____
Property Management _____	Residential _____	

Talent, Interest or Education:

Computer/Technology _____	Community Projects _____	Education _____
Finance _____	Fund Raising _____	Investments _____
Mediation _____	Member Benefits _____	Orientation _____
Public Relations _____	Risk Reduction _____	Member Surveys _____
Political Affairs: Federal, State, Local _____		Other: _____

Are you fluent in any other languages? If yes, please list. \_\_\_\_\_

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*Optional Information:*

Number of years engaged in the real estate business \_\_\_\_\_

Are you acquainted with any elected officials (friend, colleague, golf buddy)? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of elected official: \_\_\_\_\_

RSC and/or PPAR may disclose your contact information (email, phone, address, fax, etc.) to vendors with whom RSC and/or PPAR does business (for example, the PPMLS, and lockbox vendors) or with whom RSC and/or PPAR contemplates doing business.

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.

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