

APPLICATION FOR REALTOR® MEMBERSHIP

TO: Pikes Peak Association of REALTORS [®] , Inc.
I, hereby apply for membership
I,hereby apply for membership in the Pikes Peak Association of REALTORS® (PPAR). I have enclosed my payment in the amount of
\$
OF REALTORS® (NAR), which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and
Regulations of 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 by 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.
training as specified in the rissociation 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®.
of is terminated, provided the dispute arose with applicant was a REFELTOR.
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 for 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
02/18

Please print or type all information

I hereby submit the following information for your consideration: 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) (State) (Zip Code) (City) Residence Address (Street) (Apt. # or other) (Zip Code) (City) (State) Main Contact Number () Personal Fax Number () Additional Phone Numbers ()

Specify: Cell (C), Pager (P), Secondary (S) 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, attach extra sheet if necessary)

Preferred maining address (see Marketing and Communication Consent Form) Office Home				
Please mark one primary Field of Business with a 1 and up to three Secondary's with a 2:				
Appraisal	Brokerage Management	<u> </u>	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 Surve	ys	
Political Affairs: Federal, Stat	e, Local	Other:		
Are you fluent in any other languages? If yes, please list.				
Optional Information:				
Are you acquainted with any elected officials (friend, colleague, golf buddy)? YesNo				
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:		