

# METRO SOUTH ASSOCIATION OF REALTORS®

1671 Adamson Pkwy., Ste. 100, Morrow GA 30260 (770) 477-7579 FAX: (770) 477-0267

Web Address: [www.msar.org](http://www.msar.org)

[AnnRaymer@msar.org](mailto:AnnRaymer@msar.org) - Executive Vice President  
[JaninePeddy@msar.org](mailto:JaninePeddy@msar.org) - Membership Services Director

## MEMBERSHIP APPLICATION

I am applying for the following category of membership: (Please check one)

- DESIGNATED REALTOR®       REALTOR®       SECONDARY REALTOR®  
 SECONDARY DESIGNATED REALTOR®       APPRAISER       AFFILIATE

Designated REALTORS® must hold one of the following positions within the company. Please check one:

- Principal Broker     Partnership       Corporate Officer       Manager       Trustee

Do you currently belong to another board (or previously), if yes, specify board \_\_\_\_\_

Are you transferring your primary membership from another board\*  Yes  No \*Board Name: \_\_\_\_\_

I hereby apply for Membership in the Metro South Association of REALTORS®, enclosing my check/credit card info in the amount of \$ \_\_\_\_\_ which is to be returned to me in the event of non-election.

Visa/MC: \_\_\_\_\_ Exp: \_\_\_\_\_ 3 Digit security code: \_\_\_\_\_

**Discount for cash or check. Please add \$10.00 if using Visa/MasterCard**

### PERSONAL INFORMATION

Name:  Ms.  Mrs.  Miss  Mr. \_\_\_\_\_

(As your name appears on your real estate license)

\*Real Estate License#: \_\_\_\_\_ \*Your application cannot be processed without this information

Nickname if different from name on license: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Street

Apt/Suite No.

City

State

Zip Code

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

Home Phone:  404  770  678 \_\_\_\_\_ HOME FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address:  Home  Office \_\_\_\_\_

### YOUR OFFICE ADDRESS \*CANNOT BE PROCESSED WITHOUT THIS INFORMATION

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS/CITY/STATE/ZIPCODE: \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the obligation to arbitrate any existing or future dispute with another member in accordance with the Association's arbitration procedures. I also agree to abide by the Constitution, By-Laws, and Rules and Regulations of the Metro South Association, the Georgia Association, and the National Association which are made available to me at the local Association office, and if required, I further agree to satisfactorily complete an Orientation Course and a reasonable and non-discriminatory written examination on such Code, Constitution, By-Laws, and Rules and Regulations. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitution, By-Laws, Rules and Regulations, and duty to arbitrate, all as from time to time are amended. I irrevocably waive all claims against the local Association or any of its officers, directors or members, for any act in connection with the business of the local Association, and particularly as to its or their acts in electing or failing to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon expiration of said membership for any cause, I will discontinue the use of the term REALTOR® and return to the local Association all certificates, signs, seals or other indications of membership in the local Association, the State Association and the NATIONAL ASSOCIATION OF REALTORS®. I consent that the local Association, through its Membership Committee or otherwise, may invite and receive further information and comment about me from any member or other person, and I further agree that any information and comment furnished to the local Association by any person in response to the invitation shall be conclusively deemed to be privileged and not from the basis of any action by me for slander, libel, or defamation of character.

I understand that should I not complete the Orientation Course within the prescribed 6 months from the date of my application that I will automatically be dropped from membership, and that there will be no refund of any portion of my dues or application fee.

I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time are established.

Dated: \_\_\_\_\_, 2 \_\_\_\_\_

Signed: \_\_\_\_\_

*(Original Signature of Applicant)*

***Dues must be accompanied with Board Application and are non refundable***

**\*IF APPLICABLE PLEASE ATTACH A COPY OF POCKET CARD WITH APPLICATION\***

**NOTE: DUES PAYMENTS TO THE METRO SOUTH ASSOCIATION OF REALTORS® AND RPAC CONTRIBUTIONS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR THE FEDERAL INCOME TAX PURPOSES. DUES PAYABLE MAY, HOWEVER, BE DEDUCTIBLE AS ON ORDINARY AND NECESSARY BUSINESS EXPENSE.**

Vision - "Maximize REALTOR® Profitability"

**2007, Celebrating a Milestone, MSAR's 50 Year Anniversary**