



Greensboro Regional REALTORS® Association, Inc.
COMMERCIAL REALTOR APPLICATION
23 Oak Branch Drive, Greensboro, Nc 27407
PHONE: 336-854-5868 FAX: 336-292-5416
www.grra.org www.grra-rca.org



I hereby apply for membership in the Greensboro Regional REALTORS® Association and GRRRA -REALTORS® Commercial Alliance. My payment for the application fee in the amount of \$500.00 (divided between the GRRRA and the GRRRA-RCA) plus prorated dues is enclosed and will be returned to me in if my membership application is denied less the handling charge. I understand that dues and fees are non-refundable and will not be returned after my application is accepted. If my application is accepted, I agree to abide by the Code of Ethics of the National Association of REALTORS®, the Constitution, and Rules & Regulations of the above named Association, the State Association, and the National Association of REALTORS®. I authorize the Association through its Directors, Committees, or Staff members to make such investigation of my character and credit, as it may deem advisable. I acknowledge, consent, and fully understand the information obtained as a result of investigation may be reported to the North Carolina Real Estate Commission. Further, I shall not use any information obtained or furnished in connection with such investigation as the basis of any legal action for slander, liable, or defamation of character. For adequate value received, I irrevocably waive and release all claims against the Association or any of its Officers, Directors, Members, or Staff for any action in connection with Association business, and particularly as to its or their act in approving or not approving, advancing, suspending, expelling, or otherwise disciplining me as an applicant or member. Upon the termination of my membership for any cause, I will discontinue the use of the designation REALTORS® and return to the Association all certificates, signs, or other indications of membership.

I am applying for the following membership. I understand that Commercial only membership does not allow participation in the Triad Multiple Listing Service. Please check one:

- Commercial Designated REALTOR®/Principal Broker Commercial REALTOR®

Full Name *(As Shown On License)* _____ Nickname _____

FIRM INFORMATION

Firm Name _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

Affiliated With Present Firm on Date: _____

Previous Real Estate Firm Affiliation (and Dates): _____

PERSONAL INFORMATION

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Voice Mail # _____

Email Address _____ Date of Birth _____

Real Estate License# _____ Certified Appraiser License# _____

Where Is Your License Displayed? _____

Preferred Mailing: Home Office

For Office Use Only: AVECTRA _____ NM Report _____ NAR _____ Other _____

HISTORY

Have you ever been a member of the Greensboro Regional REALTORS® Association? Yes No

If yes, when and with what company? _____

Have you ever been a member of another REALTOR® Association? Yes No

If yes, where? _____

Please list dates of your membership at the Association: _____

May we contact the Association? Yes No

What is your NAR (NRDS) member number? _____

Please list any designations you have: (CCIM, CPM, SIOR, etc.) _____

Please list all specialties: Land Office Retail Property Management Industrial

Appraisals Construction Other _____

The following questions apply only to Principals/Designated REALTORS® of real estate firms:

- # of Employees _____ # of Licensees _____
- Are you now being or have you ever been investigated or charged with any violations by the NC Real Estate Commission or any real estate commission in any other state? Yes No
- Have you ever been convicted of a felony? Yes No

If yes to either question above, please give details on another page.

- Does your firm have a parent firm or subsidiary which engages in brokerage? Yes No
If yes, Where? _____

List all principals, partners, and/or corporate officers of your firm: Star ones that hold a NC Real Estate License:

GRRRA and GRRRA-RCA REALTOR® Application Fee: \$500.00

Commercial Only REALTOR® Dues: \$ 240.00 billed annually in August
 State REALTOR® Dues: \$ 165.00 billed annually in November
 National REALTOR® Dues: \$ 150.00 billed annually in November
 National Assessment Fee: \$ 35.00 billed annually in November
 RCA Dues: \$ 75.00 billed annually in November

Please select the appropriate pro-rated dues for the month you are joining the Association:

	Total	Local	State	National	Assessment	RCA
January	\$605.00	\$180.00	\$165.00	\$ 150.00	\$35.00	\$75.00
February	\$552.50	\$160.00	\$151.25	\$ 137.50	\$35.00	\$68.75
March	\$500.00	\$140.00	\$137.50	\$ 125.00	\$35.00	\$62.50
April	\$447.50	\$120.00	\$123.75	\$ 112.50	\$35.00	\$56.25
May	\$635.00	\$100.00 \$240.00	\$110.00	\$ 100.00	\$35.00	\$50.00
June	\$582.50	\$ 80.00 \$240.00	\$96.25	\$ 97.50	\$35.00	\$43.75
July	\$530.00	\$ 60.00 \$240.00	\$82.50	\$ 75.00	\$35.00	\$37.50
August	\$477.50	\$ 40.00 \$240.00	\$68.75	\$ 62.50	\$35.00	\$31.25
September	\$425.00	\$ 20.00 \$240.00	\$55.00	\$ 50.00	\$35.00	\$25.00
October	\$372.50	\$240.00	\$41.25	\$ 37.50	\$35.00	\$18.75
November	\$745.00	\$220.00	\$27.50 \$165.00	\$ 25.00 \$150.00	\$35.00 \$35.00	\$12.50 \$75.00
December	\$692.50	\$200.00	\$ 13.75 \$165.00	\$ 12.50 \$150.00	\$35.00 \$35.00	\$ 6.25 \$75.00

PAYMENT INFORMATION

Application Fee \$ _____ Check# _____
 Prorated Dues \$ _____ Credit Card # _____
 Total Due \$ _____ MC/VISA/AMX expiration date _____ cid# _____

DUES AND FEES ARE NON-REFUNDABLE

I agree to pay the established dues as long as I remain a member and acknowledged that present dues are \$254.00 annually. Dues payments to the Association are not tax deductible as charitable contributions. However, portions of such payments may be tax deductible as ordinary and necessary business expenses. By signing below, I consent that the REALTOR® Association (local, state, national) and their subsidiaries, if any (e.g. MLS, Foundation) 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. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

I certify that all information furnished on this application is true, correct and I understand and 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.

Signature of Applicant _____ Date _____

Signature of Principal/DR _____ Date _____

