



14201 E. Evans Dr. Aurora, CO 80014
Phone (303) 369-5549 Fax (303) 369-5524

APPLICATION FOR PRIMARY REALTOR® AND SECONDARY REALTOR® MEMBERSHIP

- DESIGNATED REALTOR® (sole proprietor, partner, corporate officer or branch manager of real estate or appraisal firm)
- REALTOR® (licensed real estate agent or broker, or certified appraiser)
- SECONDARY REALTOR® (primary membership with another Board/Association)

I, the undersigned, hereby apply for membership in the Aurora Association of REALTORS® as indicated above and enclose payment for appropriate dues, which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition of membership to complete the indoctrination course of the Aurora Association of REALTORS® within 120 days of this application, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the obligation to arbitrate any future business disputes in accordance with the Association's arbitration procedures. I also agree to abide by the Constitution, Bylaws, and Rules and Regulations of the Aurora Association, the Colorado Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination covering such Code, Constitution, Bylaws, Rules and Regulations. I consent and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I further agree that any information and comment furnished to the Association by any person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

Mr. Mrs. Ms. _____
(Name as shown on real estate license or appraiser certification)

Nickname: _____ Date of Birth: _____

Real estate license or appraiser certification number: _____

Is this license/certification presently in good standing with the State of Colorado? Yes No

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Residence Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____ Preferred Mailing: Home Office Preferred Phone: Home Office Cell

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____

Date licensed/certified in this State _____, 20____, and continuously licensed/certified since _____, 20____

Have you previously held membership in any other Board/Association of REALTORS®? Yes No

If yes, name each such Board/Association, type of membership and dates establishing the period for which membership was held.

ASSN: _____ Type: _____

Dates: _____

FOR ASSOCIATION USE ONLY: *Please turn over to complete second page →*

Date Application Received _____	Orientation Attended _____
Dues Amount Received _____	Approved by Board of Directors _____
Application Fee Received _____	Induction Date _____
Published in Newsletter _____	Reinstatement Date _____
Ethics Course Paid _____	Reported to CAR/NAR _____
Ethics Course Attended _____	Computer Data Entry _____
NRDS #: _____	

Referred By (Print) _____	Signed _____
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In what phase of real estate do you specialize? Residential Commercial Property Management
 Appraisal Other _____

Have you paid REALTOR® dues to another Board/Association of REALTORS® during this current year? Yes No
 Are you under disciplinary action or pending action in another Board/Association of REALTORS®? Yes No
 If yes, explain: _____

APPLICANTS FOR SECONDARY MEMBERSHIP ONLY (This portion to be completed and signed by the Executive Officer or Elected Secretary of your primary Board/Association).

I certify that _____ is a PRIMARY REALTOR® Member in good standing of the _____ Board/Association of REALTORS®.
 Signature: _____ (Executive Officer/Secretary)

APPLICANTS FOR DESIGNATED REALTOR® ONLY:

My position with the firm noted herein is: Principal Partner Corporate Office
 Trustee Branch Manager

If other than above, please explain: _____

Names and titles of other Principals, Partners, Corporate Officers or Trustees of this firm: _____

I understand and agree that as Designated REALTOR® with the real estate or appraiser office named herein, I am fully responsible for all dues and fees for services that I request and receive prior to completing the Association's required membership application process. I also understand and agree that if accepted for membership, I will pay all dues and fees as are from time to time established, and that the total amount of dues for which I will be personally and individually liable and responsible, as Designated REALTOR® of the firm or office named herein, shall be in such amount as established annually by the Board of Directors for myself, plus an amount times the number of real estate licensees or certified appraisers employed by or otherwise affiliated with my firm or office who are not themselves REALTOR® members of the Association.

FOR ALL APPLICANTS: 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 agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established. By signing below I consent that the REALTOR® Associations (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.

Signed: _____ Date: _____

Payments to the Aurora Association are not deductible as charitable contributions; however, such payments may be deductible as ordinary business expenses in accordance with IRS rules and regulations. The \$79.71 of your year 2019 (\$22.71 for CAR and \$57.00 for NAR) dues and \$25.00 for RPAC voluntary dues is not deductible as a business expense because this portion is used for lobbying or the support of candidates at the local, state and/or national levels. CAR estimates that \$5.00 in CAR dues will be used to reach the RPAC goal set by NAR.

***A portion of your RPAC voluntary fair share amount may be used to support federal candidates and will be charged against your limits under 52 U.S.C. 30116. No later than April 1, 2019, you may check ColoradoREALTORS.com to determine the portion. After CAR reaches its RPAC goal it may elect to retain your entire contribution for use in supporting state and local candidates and issues. You may contribute more or less than the suggested RPAC amount. You may refuse to contribute the \$25.00 RPAC voluntary fair share amount without reprisal and the National Association of REALTORS® or any of its state associations or local boards will not favor or disfavor any member because of the amount contributed or a decision not to contribute. Until the state PAC reaches its RPAC goal, 30% is sent to National RPAC to support federal candidates and is charged against your limits under 52 U.S.C. 30116; after the state PAC reaches its RPAC goal it may elect to retain your entire contribution for use in supporting state and local candidates.**



The Aurora Association strives in helping new agents in becoming REALTOR® members! AAR may have a payment plan available. Please call the association for more information.

Credit Card Dues Payment Form

If you would like to use a credit card to pay your dues, please complete the following:

MEMBER NAME _____ DATE _____

Please charge my: VISA MasterCard American Express Discover

Name as it appears on card _____ Amount \$ _____

Card # _____ - _____ - _____ - _____ Exp. Date _____

Billing Address _____ Zip Code _____

Authorizing Signature _____