

## APPLICATION FOR MEMBERSHIP DESIGNATED REALTOR®





SEVRAR | 1363 S. Vineyard | Mesa, AZ 85210 | Tel: 480-833-7510 | Fax: 480-835-1329 | www.sevrar.com

NRDS#	MLS AGENT ID #		For Office Use Only				
Office NRDS #	Office MLS ID #						
1. TYPE OF MEMBERSHIP A.	Primary Membership	B. Secondary Membership	C. Complimentary				
	Residential Full Time	B. □ Commercial B. □ Part Time	C. Property Management				
3. APPLICANT'S OFFICE INFORMATION (Must	be filled out <u>completely</u> by th	e applicant.)					
Company Business Name (Must match ADRE)			Company RE License Number (MUST BE INCLUDED)				
Physical Company Address (Must match ADRE)			Suite #				
City	State		Zip				
Company Telephone (Must match ADRE)	Company Fax		Company Email (Required by NAR)				
Website	_						
Company Mailing Address Different:  Yes No If y	yes,						
Mailing Address		Suite #					
City	State		Zip				
Date first entered the real estate business: Date first licensed in this State:							
How many years have you been active as a Broker:							
Have you participated in a Multiple Listing Service (MLS)?	Yes No If yes, wh	ere?					
Do you hold, or have you ever held a real estate license in any o							
Have you ever held a membership in any other Real Estate Board	d / Association? Yes	No If yes, where/when?					
Have you ever been refused membership in any other Real Estat	te Board / Association?	☐No If yes, state the basis for eac	h such refusal and detail the circumstances related thereto:				
Has your real estate license, in this or any other state been susp	pended or revoked?	No If yes, state the basis:					

Do you have any unsatisfied discipline pending for violation of the Cod	e of Ethics? Yes No If yes, specify:	
		e been associated before any state regulatory agency or any other agency of complaint was made, and the current statues or resolution of such complaint:
Within the last ten years, have you been: 1) convicted of a crime punis		rear or 2) been released from confinement imposed for that conviction?
2. APPLICANT'S PERSONAL INFORMATION		
Full Name As Shown on License (First, Middle, Last)		Nickname (Approved by ADRE)
Home Address (Required by NAR)		Personal Email (Required by NAR)
City	State	Zip
Home Telephone	Home Fax	Mobile Telephone
RE License No. (Must be Included)	Languages Spoken  Male Female	
DOB (mm/yyyy)	Sex	Preferred Phone (Required by NAR)
my initiative to thoroughly familiarize myself with the Code of accordance with the Code of Ethics and Arbitration Manual of Regulations, of the SouthEast Valley Regional Association of shall evidence my initial and continuing commitment to abide all as from time to time amended. Finally, I consent and authoreceive information and comments about me from any members of any action of REALTORS® by any Member or othe basis of any action by me for slander, libel, or defamation of is expelled from membership in the SouthEast Valley Regionary condition renewal of membership upon applicant's verific of the Hearing Panel; or if applicant resigns or is expelled from	the indoctrination courses of the SouthEast fethics of the NATIONAL ASSOCIATION OF the SouthEast Valley Regional Association REALTORS®, the State Association and the by the aforementioned Code of Ethics, Corrorize the SouthEast Valley Regional Association are or other person, and I agree that any infer person in response to any such invitation character. NOTE: Applicant acknowledges that Association that he/she will submit to the pendinum membership without having complied will plus any costs that have previously been es	National Association. I further agree that my act of paying dues nstitutions, Bylaws, Rules and Regulations, and duty to arbitrate, ation of REALTORS® through its Board of Directors to invite and
		to provide complete and accurate information as requested, or cepted for Membership in the Association, I shall pay the fees and
Cianatura		Dete
Signature		Date

For Office (SEVRAR) Use Only	RM - SEVRAR I			South East Valle REGIONAL ASSOCIATION OF REALTOP
Print Name	Billing Zip Code			
Card Number	Exp. Date			
signature				CSC (Card Security Code)
Local Dues (SEVRAR) \$  State Dues (AAR) \$  National Dues (NAR) \$  NAR Assessment \$  TOTA	RAPAC Investment* \$  DR Office Setup Fee \$250.00  Application Fee \$ 95.00  AL PAYMENT	Payment Type:  American Express  AMERICAN EXPRESS	Discover  DISCOVER  NETWORK	■ MasterCard ■ Visa  WasterCard VISA