

PLEASE FILL OUT AND RETURN WITH DUES PAYMENT

APPLICATION FOR REALTOR® MEMBERSHIP



I, _____, hereby apply for REALTOR® Membership in the above named Association and enclose my **REALTOR® DUES payment**. I understand that dues are non-refundable. I further understand that my application must be approved by the Board of Directors and that I am required to fulfill the New Member Orientation requirements of the Association before I become a REALTOR® Member in good standing. I will have four (4) opportunities to attend and satisfactorily complete Orientation requirements. If the Orientation requirements to attend are not met, my REALTOR® Membership will be denied. My Broker will then be invoiced for a non-member salesperson. Non-member salespersons receive no direct benefits from the Association and are not permitted to use REALTOR® terms, designation or marks on business cards or other promotions.

I further agree to satisfactorily complete a reasonable and non-discriminatory written examination covering such Code of Ethics, Constitutions, Bylaws, Rules and Regulations and duty to arbitrate.

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, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended.

I 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 agree that any information and comment furnished to the Association by any Member or other 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.

(Rev. 06/01/09)

Applicant acknowledges that if accepted as a Member and he subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon the applicant's verification that he will submit to the pending ethics or arbitration proceedings and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his payment of the award plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied. I understand that I am not authorized to use REALTOR® terms, marks or logos until I have fulfilled all obligations for REALTOR® Membership including completion of Orientation and payment of all required dues and fees.

CERTIFICATION: I hereby certify that the foregoing and following 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. I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

I have read the above membership application:

Applicant's Signature & Date:

Date: _____

Broker of Records/DR Signature:

Date: _____

Washington-Greene Association of REALTORS®
NRDS Member Information Profile
National REALTOR® Database System

Please send your completed application and check to:
WGAR --- 221 Washington Trust Building, 6 S. Main Street, Washington, PA 15301

WGAR Membership Application

Failure to complete application in full may delay review and approval

PLEASE PRINT OR TYPE

Name of Applicant:

(As it appears on license, and any REALTOR® designation(s))

Title: _____

*First Name: _____

Middle: _____

*Last Name: _____

Suffix: _____

Nick Name: _____

Gender: ___M___F

Birthday: (M) _____ (D) _____ (Y) _____

*Home Address: _____

Home Address 2: _____

*City: _____

*State: _____

*Home Zip: _____

Home Phone: _____

Personal Fax: _____

Preferred Fax: _____Home _____Office

*Office Name: _____

Office Mail Address: _____

Office Address 2: _____

City: _____ State: _____ Zip: _____

Office Phone & Ext.: _____

Office Fax: _____

*Preferred Mail: _____Home _____Office

Member Web Page address: www. _____

***Member E-mail address:** (this will be your username for the WGAR website)

***Desired Password for WGAR** (8 characters)

***R. E. License Number:** _____

*Preferred Publication: _____Home _____Office

*Primary Association: _____WGAR_____

Secondary Association 1: _____

*Joined Date: _____

*Member Type: _____

Status: ___New Applicant___ Reinstatement___ Transfer

Orientation Date: _____

(Submit date and/or copy of your certificate, if taken with another Association)

* Denotes required information

WGAR Membership Application, cont'd.

Your position with firm:

- Independent contractor
- Partner
- Principal
- Corporate Officer
- Manager/Designated REALTOR®
- Employee

I am _____ A NEW LICENSEE or
_____ PREVIOUSLY LICENSED

with: _____
(Firm name)

Previous firm and address:

No. of years there: _____

REAL ESTATE COURSES COMPLETED:

Year: _____

Year: _____

Year: _____

Year: _____

Are you a member of another Association?
____ Yes ____ No

Name Association/Board:

Primary Member _____ Secondary Member _____

Did you complete an Orientation Program through
another Association/Board?
_____ Yes _____ No

Name Association/Board:

*(If yes, submit a letter or copy of certificate form to verify
your attendance)*

Do you hold yourself out to the public as being
actively engaged in the real estate industry?
_____ Yes _____ No

Has your license been suspended or revoked in this
state or another state? _____ Yes _____ No
*(If yes, attach separate sheet specifying date, places,
circumstances, etc.)*

Are you willing to serve on a committee or project for
YOUR ASSOCIATION?
_____ Yes _____ No _____ Maybe

OPTIONAL: Please list your interests,
community/civic organizations, hobbies, etc.

NOTE: *These dues and fees are not deductible as
charitable contributions for Federal Income Tax
purposes. Such payments may be deductible as
ordinary and necessary business expenses.*