

HILTON HEAD AREA ASSOCIATION OF REALTORS®

"Serving Southern Beaufort County and The Low Country"

The Courtyard Building – Suite 124
32 Office Park Road
Hilton Head Island, SC 29928

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FAX: (843) 842-6491
Website: www.HHRealtor.com

APPLICATION FOR MEMBERSHIP

SECTION I - (ALL APPLICANTS)

TO: Hilton Head Area Association of Realtors

I, _____
(Applicant's Name)

hereby apply for REALTOR® (Primary, Secondary, or Designated) membership in the above named association, and I enclose payment in the amount of \$ _____ which includes a \$250 enrollment/orientation fee and \$ _____ prorated annual dues (\$ _____ annually), which I understand will be returned to me in the event I am not accepted to membership but is otherwise non-refundable. In the event my application is approved, I agree as a condition to membership to complete the indoctrination course of the above named association and otherwise, on my own initiative, to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the *Code of Ethics and Arbitration Manual* of the Association and the constitution, bylaws, and rules and regulations of the above named Association, the State Association and the National Association. 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. Finally, 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 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.

Applicant acknowledges that the Association will maintain a membership file of information which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings or pending complaints of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the Association.

Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition reinstatement of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

Dues payments to the association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

HHAOR APPLICATION FOR MEMBERSHIP

SECTION II - (ALL APPLICANTS)

- A. Are you currently a member of another board or association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you held membership in another board or association? Yes No
- B. If "yes", when _____ and what is your national membership number? _____
- C. List each board or association where membership was held, type of membership held, approximate dates of membership:

NAME OF BOARD OR ASSOCIATION	MEMBERSHIP TYPE	DATE OF MEMBERSHIP

- D. Are you applying for PRIMARY or SECONDARY membership?
- E. Are you a member of an institute, society or council affiliated with the NATIONAL ASSOCIATION OF REALTORS®? Yes No
- F. If yes, please indicate name of affiliated institute, society, or council:

- G. List below any professional designations you hold:

- H. Do you hold, or have you ever held, a real estate license in any other state?

Yes No

- I. If yes, please specify name of state and license number:

- J. Has your real estate license, in this or any other state, ever been suspended or revoked?

Yes No

- K. If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

- L. Are there any pending or unresolved complaints, or have there been within the past 3 years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government? Yes No

- M. If "yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint: (attach separate sheet if necessary)

- N. Have you ever been convicted of a felony? Yes No

- O. If yes, give details including date, state and court of conviction (attach separate sheet if necessary): _____

HHAOR APPLICATION FOR MEMBERSHIP

P. Where (city & state) did you first enter the real estate business and when?

Q. Have you been engaged continuously in the business since then? Yes No

R. If not, during what years were you in the business?

S. Were you: Salesperson Broker Other? _____

T. When were you first licensed in South Carolina? _____

U. What real estate firm currently holds your real estate license?

Name: _____

City ST: _____

B-I-C: _____

V. In what area of real estate do you specialize? (residential, commercial, etc.)

SECTION III - (PRINCIPAL REALTOR®)

This section must be completed by applicants for REALTOR® Membership, whether primary or secondary, who are brokers-in-charge (B-I-C), principals, partners, corporate officers, or branch office managers. All other applicants should proceed to Section IV.

Name of Real Estate Firm: _____

Name of the Broker-In-Charge: _____

State the names and titles of all other principals, partners, or corporate officers of this firm:

(Name) (Title)

(Name) (Title)

(Name) (Title)

What is the office (street) address and phone number of your principal place of business?

List the names and addresses of all branch offices or other real estate firms in which you are a principal, partner, or corporate officer:

(Name) (Address)

(Name) (Address)

(Name) (Address)

List THREE Business and Credit References:

1. _____

2. _____

3. _____

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New Member

Change – Fill-in Information to be changed

PERSONAL INFO:

*Last Name: _____ *First Name: _____

Middle Name or Initial: _____ Generation (Jr, Sr, IV, etc.): _____

Title (Mr, Mrs, Ms, etc): _____ Nickname: _____

Preferred Salutation "Dear: _____ Gender: Female Male

Birth Date: _____ (optional)

Date Joined: _____ *Real Estate License Number: _____

*Office Name: _____

ASSOCIATION INFO:

Have you ever been a member of a Realtor Association? Yes No

Are you joining HHAOR as your Primary or Secondary association? Identify your Primary and Secondary associations if you are currently a member of another association:

- Primary Assoc Name: _____
- Primary State Assoc Name: _____
- Secondary Assoc Name: _____
- Secondary State Assoc Name: _____

HOME PHONE/ADDRESS INFO:

Home Phone (A/C-xxx-xxxx): _____ - _____ - _____

Cell Phone (A/C-xxx-xxxx): _____ - _____ - _____

Pager (A/C-xxx-xxxx): _____ - _____ - _____

*Preferred Phone: Office Cell Pager Home

Home FAX (A/C-xxx-xxxx): _____ - _____ - _____

*Preferred FAX: Office FAX Home FAX

Home Mailing Address (usually a PO Box):

Addr Line 1: _____

Addr Line 2: _____

City ST Zip+4: _____

Home Street Address (where UPS can make a delivery):

Addr Line 1: _____

Addr Line 2: _____

HHAOR APPLICATION FOR MEMBERSHIP

City ST Zip+4: _____

*Prefer mail and publications be sent to: (Check ONE box...default is **underlined**)

Home Mailing Address Home Street Address (Requires Addr Above)

Office Mailing Address **Office Street Address**

Email Address: _____

Primary Web Page (URL): www. _____

OFFICE INFORMATION:

*Broker-In-charge: _____

Office Mailing Address (usually a PO Box):

Addr Line 1: _____

Addr Line 2: _____

City ST Zip+4: _____

Office Street Address (where UPS can make a delivery):

Addr Line 1: _____

Addr Line 2: _____

City ST Zip+4: _____

Office Phone #: _____

By the submission of this form and my signature below, I hereby grant the Hilton Head Area Association of Realtors® permission to contact me via Mail, FAX, Email, Telephone or other appropriate means. Further, I grant the HHAOR permission to include my BUSINESS information on mailing lists the HHAOR provides to Members and Affiliate Members when requested.

Applicant/Member Signature: _____

Date: _____