



Application for Realtor® Membership

Greater Louisville Association of Realtors®

6300 Dutchmans Pkwy. Louisville, KY 40205 (502)894-9860 Ph (502)894-9866 Fax



I hereby apply for Membership as indicated in the Greater Louisville Association of REALTORS, Inc. (GLAR) and enclose check/charge in the amount of \$_____ which I understand will be returned to me only in the event that I am not accepted to Membership. In the event my application is approved, I agree, as condition of Membership, to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS, including the duty to arbitrate business in accordance with the Code of Ethics and Professional Standards Training Manual of the National Association of REALTORS and the Constitution, Bylaws, Rules and Regulations, the Kentucky Association of REALTORS and the National Association of REALTORS. I further agree that my act of paying dues, shall serve as evidence of my initial and continuing commitment to abide by the Code of Ethics, Constitution, Bylaws, MSI Rules and Regulations and duty to arbitrate, all as from time to time amended. Membership may be suspended should initial requirements, such as Orientation and the Ethics requirement not be completed within the timeframe established by the Directorate.

NOTE: 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 renewal 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.

Name _____ Real Estate or Appraiser License# _____

Check Membership Type Membership: Designated REALTOR REALTOR

Office Name: _____

Office Address _____

Phone _____ Fax _____

Residence Address _____ City _____ State _____ Zip _____

Phone: _____ Cell Ph _____

E-Mail: _____

S.S. #(last 4 digits) _____ Date of Birth _____ Name on Roster _____

Previous Profession _____

Have you ever been a member of GLAR/LBR? [] If Yes, what year(s)? _____ [] No

Have you held or do you hold Membership in another Board or Association of REALTORS? [] Yes [] No

If yes, Name _____ Year(s) _____ [] Primary [] Secondary

I hereby certify that the foregoing information furnished is true and correct, and I agree that the failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my Membership.

I understand that by providing my email address (es), telephone number(s), and fax number(s), I consent to receive communications sent from the Greater Louisville Association of REALTORS, MSI and The Kentucky Association of REALTORS and the National Association of REALTORS via email, telephone or facsimile at those numbers/locations.

COMMUNICATION PREFERENCES

The Informed REALTOR Newsletter: Receive via Email_____ Receive by Mail_____

Primary Phone Number: Office_____ Cell_____

Signature: _____ Date: _____

***Please Note: Application Fees/Dues are Non-Refundable**

FOR OFFICE USE ONLY

GLAR Association **MLS** **CIE** **Primary** **Secondary**

Form of payment: Check #_____ Cash Receipt #_____ Amount \$_____

Visa or Master Card # _____ - _____ - _____ - _____ Exp. Date ____/____

Signature: _____

Agent # _____ Firm # _____ Copy of License Letter from broker