



APPLICATION FOR REALTOR® MEMBERSHIP

FOR SAAR OFFICE USE ONLY			
<input type="checkbox"/> Designated REALTOR® <input type="checkbox"/> REALTOR®	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary (If Secondary, Name of Primary Association: _____)	MLS ID _____	NAR ID _____

I hereby apply for REALTOR® Membership in the **Scottsdale Area Association of REALTORS®**, enclosing required payment. I understand that my **dues** and the **application fee** are **nonrefundable**. I will attend orientation within **90 days** of the first full month following my application for REALTOR® membership, and complete the NATIONAL ASSOCIATION OF REALTORS® Code of Ethics training prior to my orientation date. Failure to meet these requirements may result in having my membership terminated. I agree to thoroughly familiarize myself with and agree to abide by the SAAR, AAR, and NAR BYLAWS, the SAAR Rules and Regulations, and the NAR Constitution. I will abide by the Code of Ethics and Arbitration Manual of NAR as amended, including the obligation to arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics. I understand I have access to a copy of the SAAR, AAR, and NAR BYLAWS, the SAAR Rules and Regulations, and the NAR Constitution and Code of Ethics. I understand membership **may be revoked should completion of requirements, such as orientation and Code of Ethics training, not be completed within timeframe established in the association's bylaws**. I understand that I will be required to complete Code of Ethics training as specified in the association's bylaws as a *continued* condition of membership. I authorize SAAR and any of its representatives to verify the information I have provided herein.

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®.

PERSONAL INFORMATION:					
First Name		Middle Name			
Last Name	Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Other:				
Nickname:					
Home Address:					
City:	State:	Zip:			
Home Phone:		Cell Phone:			

Personal Fax:			
E-mail Address:			
Real Estate License #:			
Date of Birth:		Languages Spoken:	

COMPANY INFORMATION:

Office Name:			Office ID
Office Address:			
Office Phone:		Fax:	

PREFERRED MAILING/CONTACT INFORMATION:

Preferred Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Cell
Preferred Mailing:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Alternate Mailing Address (provide below)
Alternate Mailing Address:			

APPLICANT INFORMATION:

Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name of Association & NRDS ID number:	
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name of Association & NRDS ID number:	
Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, provide details):	
Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, provide details):	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where:	
Field of Business/Specialty?	<input type="checkbox"/> Residential Real Estate <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Residential Leasing and Property Management <input type="checkbox"/> Commercial Leasing and Property Management <input type="checkbox"/> Other _____
Business Website:	
What is your Primary Role?	<input type="checkbox"/> Designated or Managing Broker <input type="checkbox"/> Self-employed Broker/Owner <input type="checkbox"/> Associate Broker <input type="checkbox"/> Agent
Do you plan to do Real Estate: <input type="checkbox"/> FT or <input type="checkbox"/> PT	Are you part of a Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do business as a:	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____

What was your Prior Career?	
Just For Fun – Are You A....	
<input type="checkbox"/> Techie <input type="checkbox"/> Political Junkie <input type="checkbox"/> Community Activist <input type="checkbox"/> Avid Golfer <input type="checkbox"/> Fundraiser <input type="checkbox"/> Team Leader <input type="checkbox"/> Performer/Musician <input type="checkbox"/> Avid Learner <input type="checkbox"/> Foodie <input type="checkbox"/> Risk Taker <input type="checkbox"/> Young Professional	

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 further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Scottsdale Area Association of REALTORS® are **NON-REFUNDABLE** and not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense.

I hereby acknowledge that SAAR, AAR, and NAR are authorized to distribute a member’s name, company name, business address, email address, company phone and FAX number on their respective websites. **(NO PERSONAL INFORMATION IS PUBLISHED)**. Members agree to notify SAAR immediately if their information changes.

By signing below I consent that the Scottsdale Area Association of REALTORS® Associations, Arizona Association of REALTORS®, the National Association of REALTORS®, ARMLS, and their subsidiaries, if any, 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.

Dated: _____

Signature: _____

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Orientation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No – returning member Date: ___ / ___ / ___ <input type="checkbox"/> No – secondary member	Code of Ethics <input type="checkbox"/> Needs to be completed <input type="checkbox"/> Already completed (Date: ___ / ___ / ___)

Date _____

Activate your ARMLS Subscription, Go to ARMLS.com/payfees

This section to be completed by Association Staff

MLS ID/Username: _____	Company/Office Name: _____			
Password: _____	Office ID: _____			
Subscriber Type (check one)	<input type="checkbox"/> Designated REALTOR [®]	<input type="checkbox"/> REALTOR [®]	<input type="checkbox"/> Appraiser	<input type="checkbox"/> Affiliate with Key

Subscriber MLS Profile Information

***Required**

*First Name	Middle Name	*Last Name	
*Email Address	Website (leave blank if none)		
*Mailing Address	*City	*State	*Zip
*Primary Phone # (____) - ____ - ____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Office
Fax # (____) - ____ - ____	(*Check one)		

Your ARMLS Subscription

The Association has assigned your MLS ID and login information as provided to you on this form. To activate your subscription, login to ARMLS.com/payfees with your MLS ID and password. You will login to our ATLAS system and will be prompted to purchase your MLS subscription. Your subscription begins the day you pay and will expire in 365 days. **Please note, there are no refunds.**

ARMLS Support Centers

You may also activate your ARMLS subscription at one of our Support Centers. Please ask your Association for the nearest location to you or go to ARMLS.com/Support. Our Support Centers will be able to assist you with lockbox/key and MLS system support.

Access to your MLS products

You may access your purchased MLS products from our ATLAS system. Go to ATLAS.ARMLS.com, login with your MLS ID and password, then select the product from the left launch panel. **Note: When accessing Flexmls for the first time, you will be prompted to change your password.**



Welcome to the Scottsdale Area Association of REALTORS®!

On behalf of the entire Scottsdale Area Association of REALTORS® staff, we would like to welcome you as a new member! We are thrilled to have you with us. Scottsdale Area Association of REALTORS® is home to over 8,000 REALTOR® members that specialize in every aspect of the real estate profession, including residential, property management and commercial. We pride ourselves on offering our members responsive, competent and excellent service.

PLEASE NOTE: This form MUST accompany your application for REALTOR® Membership.

Name: _____

Email: _____

Congratulations! You have been granted provisional membership. There are 2 more steps that are required in order for you to attain full REALTOR® membership status:

1 COMPLETE THE NAR CODE OF ETHICS PRIOR TO YOUR ORIENTATION DATE

The NAR Code of Ethics can be taken online for FREE at realtor.org. When you have completed the class online at realtor.org, NAR will email your score to you.

2 ATTEND NEW MEMBER ORIENTATION WITHIN THREE MONTHS FROM 1ST DAY OF THE MONTH FOLLOWING RECEIPT OF YOUR MEMBERSHIP

This class is offered the first Wednesday of every month unless otherwise specified.

SAVE THE DATE! Your scheduled "New Member Orientation" date is:

_____ from 8:30am - 12:30pm

Please notify us 7 days in advance if you have any disability that requires special services or access.

REMINDER: Requirements #1 & #2 MUST be completed by _____

IMPORTANT! If you do not complete the above requirements:

- Your REALTOR® membership will be terminated and you will become a non-member salesperson with your firm.
- **Your MLS and Supra Lockbox Key services will be inactivated.**
- To reinstate your REALTOR® status and restore your access to MLS an Supra Lockbox key services, you must complete the two requirements above and **pay a reactivation fee of \$125.**

Per the BYLAWS of the National Association of REALTORS® and the Scottsdale Area Association of REALTORS®, it is mandatory for each REALTOR® applicant to attend the New Member Orientation Class within 90 days of the first full month following application, for REALTOR® membership to the Scottsdale Area Association of REALTORS®.

For any further questions, feel free to contact our helpful membership team at:

Info@ScottsdaleREALTORS.org | (480) 945-2651

Location: 8600 East Anderson Drive, Scottsdale 85255

Affiliates set-up sponsor tables | 8:00AM

Check-In, Networking | 8:15AM - 8:30AM

8:30AM - 8:40AM

Rules of the day for attendees, Introduce Affiliate sponsors, Introduce Member Services team

8:40AM - 9:45AM

Your Association Benefits, Local, State, & National RPR

9:45AM - 10:00AM

Break

10:00AM - 10:40AM

Legislative Advocacy, Fair Housing, Anti-Trust

10:40AM - 10:55AM

Break

10:55AM - 12:00PM

Code of Ethics, Pathways to Professionalism

12:00AM - 12:30PM

What Makes a REALTOR® Succeed, Swearing In

APPLICANT'S SIGNATURE _____ **DATE** _____