



Membership Application

(Please type or print; complete all applicable spaces)

Title: Mr. Mrs. Ms. .

Name: (as it appears on your RE license) _____

Nickname: _____ Cell Phone: _____

Firm: _____

Firm Phone: _____ Firm Fax: _____

Firm Address: _____

Firm Principal/Managing Broker: _____

Home Address: _____

Home Phone: _____ Home Fax: _____

Preferred Fax: Home Firm Preferred Mail: Home Firm

Preferred Phone: Home Firm Cell

Email Address: _____ Web Page: _____

Lic. #: _____ Lic. Exp. Date: ____/____/____

Have you ever been a member of a REALTOR® Association? Yes No

(If Yes; please list Association(s): _____)

Do you currently have pending ethics violations filed against you? Yes No

Have you been involved in any pending bankruptcy or insolvency proceedings or adjudged bankrupt in the past three (3) years? Yes No

SCAR standing and specialty committees. Please indicate which ones you may be interested in:

- Education Advocacy Consumer Outreach Legal Compliance Membership
- Bylaws and Rules & Regulations Technology Financial Solvency RPAC Chair

Please Indicate Your Specialties:

- Appraisal Land Sales Commercial Sales/Leasing Property Management Development
- Residential Sales (existing homes) Farm & Estates Residential Sales (new construction)

I hereby apply for: **Primary / Secondary** REALTOR® membership in the South Central Association of REALTORS®. Enclosed (if applying by mail) is my check in the amount of \$ _____.

***If you mail the application in, please call the SCAR office to obtain the total amount due. You may be applying in the middle of a billing cycle, which some dues and/or fees will then be pro-rated. There is a one time application fee of \$150. MLS fees are invoiced quarterly at \$125. SCAR annual primary or secondary association dues are \$100. The application can be emailed to scar_ae@embarqmail.com. Once the application is processed, payment can be mail via the online payment link in the emailed invoice.**

If you are applying for secondary membership, a letter of Good Standing from your primary association may be provided at the time this application is submitted to SCAR. If not, the SCAR office will request it on your behalf.

I agree to complete the New Member Orientation (NMO) of the South Central Association of REALTORS®, if any, 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 NAR and the Constitution, Bylaws and Rules and Regulations of the above named association, the State Association and the National Association.

I agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the Code of Ethics, Bylaws, Rules and Regulations of the association and duty to arbitrate, all as from time to time is amended.

Finally, I authorize the South Central Association of REALTORS®, 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 inquiry shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, liable or defamation of character.

NOTE: Applicant acknowledges that he/she 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 applicant's verification that he/she will submit to pending ethics or arbitration proceeding 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 the renewal on his/her payment of the award, plus any costs that have previously been established as fee and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

I confirm that I have read and understand this application and that all the information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: ____/____/____

Signature of Broker: _____ Date: ____/____/____

For Internal Use Only:

Date Received by SCAR: ____/____/____ Processed by: _____

NRDS ID #: _____

South Central Association of REALTORS® uses SentiLock keys and lockboxes. Primary members, please visit our office at 113 N. Virginia Street, Farmville, to obtain/set up key services and/or pickup lockboxes.

RETURN APPLICATION BY MAIL WITH THE PAYMENT ENCLOSED OR THE APPLICATION CAN BE EMAILED TO: scar_ae@embarqmail.com. IF EMAILED, ONCE THE APPLICATION IS PROCESSED, PAYMENT CAN BE MADE VIA THE ONLINE LINK IN THE EMAILED INVOICE. THANK YOU!



South Central Association of REALTORS®

P.O. Box 302, Farmville, VA 23901

Email: scar_ae@embarqmail.com

Phone: (434) 392-9995

Email: scar_ae@embarqmail.com

<http://www.usamls.net/southcentral/>