



PORTAGE COUNTY ASSOCIATION
of REALTORS® , INC.
214 New Milford Rd.
P.O. Box 509 (330) 296-5451
Ravenna, Ohio 44266-0509 Fax: (330) 296-2060
www.portagerealtors.com E-mail: pcar@neo.rr.com

Ava Wagner
President



2011 APPLICATION FOR MEMBERSHIP

TYPE OF MEMBERSHIP Primary Membership Secondary Membership Broker Membership

Please be sure to enclose the prorated dues, application fee and a copy of your license along with this completed, signed form. Your application will not be processed without the fees.

You may **not** use the REALTOR® term or logo in any manner until you are a member of the Association. You may not legally use any MLS until you are a member of the Association. To do so could result in disciplinary action against you under Section 4735 of the Ohio Revised Code.

I hereby apply for REALTOR® membership in the above named Association. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the Ohio Association and the National Association. I consent that the Association through its Membership Committee may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be exclusively deemed to be privileged and not form the basis of any action by me for any slander, libel or defamation of character. **The following is hereby submitted for consideration:**

Name as shown on license: _____

Name to appear on roster: _____

Nickname: _____

Date of Birth _____ License File Number _____

Social Security # _____ Real Estate License Date _____

Name of Firm _____

Office Address _____

Phone _____ Fax _____

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

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 within the past three (3) years?

Yes No If "Yes", list each board and association where membership was held,
Type of membership held, and approximate dates of membership.

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

Yes No If yes, please specify name of state and license number:

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

Yes No If yes, specify the place(s) and date(s) of such action, and detail the circumstances
relating thereto: (Attach separate sheet if necessary)

Are there now 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 real estate regulatory agency or any other agency of government?

Yes No 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)

Have you ever been convicted of a felony? Yes No
If so, give details including state and court of conviction: (attach separate sheet if necessary)

Residence Address _____

Home Phone (never posted) _____ Cell Phone (Posted or Not Posted) _____

E-Mail _____

Date first entered the real estate business _____ Have you been in the business continuously since then? _____ If not, during what years were you in the business? _____

Do you hold yourself out to the general public as being actively engaged in real estate? _____

In what phases of real estate do you specialize? _____

Indicate the MLS you will be joining CRIS (Enclose application & \$150 application fee payable to CRIS)

Name of Other MLS _____

I hereby certify that the foregoing information furnished by me is true and correct and I agree that if elected to membership in the Association I shall pay all fees and dues that are established from time to time.

Date: _____ Signed: _____



By submitting this form you are authorizing PCAR to debit your credit card. For the amount Due refer to the schedule below. A 3.5% convenience charge will be added.

Type of card _____ (Visa. MC) Credit Card Number _____ (16 digits)

Authorized Signature _____ (as it appears on the card)

Expiration Date _____ (MM/YY) Authorization Code _____ (3 digits on back of card)

ASSOCIATION DUES SCHEDULE

	<u>OAR Dues</u>	<u>OAR App Fee</u>	<u>NAR Dues</u>	<u>NAR Ad Fee</u>	<u>OAR/NAR Totals</u>	<u>Local Dues</u>	<u>Local Appl. Fee</u>	<u>Total</u>
January	110.00	25.00	80.00	35.00	250.00	175.00	100.00	525.00
February	100.84	25.00	73.33	35.00	234.17	160.42	100.00	494.58
March	91.67	25.00	66.67	35.00	218.34	145.83	100.00	464.17
April	82.50	25.00	60.00	35.00	202.50	131.25	100.00	433.75
May	73.34	25.00	53.33	35.00	186.67	116.67	100.00	403.34
June	64.17	25.00	46.67	35.00	170.84	102.08	100.00	372.92
July	55.00	25.00	40.00	35.00	155.00	87.50	100.00	342.50
August	45.84	25.00	33.33	35.00	139.17	72.92	100.00	312.08
September	36.67	25.00	26.67	35.00	123.34	58.33	100.00	281.67
October	27.50	25.00	20.00	35.00	107.50	43.75	100.00	251.25
November	18.34	25.00	13.33	35.00	91.67	29.17	100.00	220.84
December	9.17	25.00	6.67	35.00	75.84	14.58	100.00	190.42

* Secondary Memberships pay only local dues (OAR/NAR dues & application fee are waived.)

* Local application fee waived for member in good standing transferring in from any other Board.

* Agents Dues begin the month the license is issued; not the month they join.