



ASSOCIATE MEMBER APPLICATION
RALEIGH REGIONAL ASSOCIATION OF REALTORS®

Have you ever been a member of the Raleigh Regional Association of REALTORS®? ____ Yes ____ No
If yes, indicate the last year you were a member _____. How did you hear about us? _____

Note: Persons actively engaged in real estate brokerage (the listing or selling of real property) are ineligible for the Raleigh Associate Program.

PERSONAL INFORMATION

Name _____ Nickname _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Home Fax _____ Cell Phone _____
Email Address _____

BUSINESS INFORMATION

Business Name _____
Street Address _____
City _____ State _____ Zip Code _____
Mailing Address _____
City _____ State _____ Zip Code _____
Business Phone _____ Business Fax _____
Website _____ Email _____
Preferred Mailing Address ____ Business ____ Personal

PLEASE READ AND SIGN REVERSE SIDE.



RALEIGH ASSOCIATE MEMBER AGREEMENT

I certify that all information furnished by me on this application is true and correct. I understand and 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 also certify that I have read and agree to abide by the RRAR Bylaws, viewable at www.rrar.com. I agree to pay the established dues as long as I remain a member. (ALL DUES ARE NON-REFUNDABLE.)

By signing below, I consent that the Association and their subsidiaries, if any, may contact me at the specified address, telephone numbers, fax numbers and 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 in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Applicant's Signature _____ Date ____/____/____

RALEIGH ASSOCIATE MEMBER PAYMENT INFORMATION

Dues payments to the Raleigh Regional Association of REALTORS® are not tax deductible as charitable contributions. However, portions of such payments may be tax deductions as ordinary and necessary business expenses. (Please consult your tax advisor.)

Method of Payment _____ Check _____ Visa _____ M/C _____ Amex _____

Card # _____ Expiration Date ____/____/____

Applicant's Signature _____ Date ____/____/____

EXPLANATION OF RALEIGH ASSOCIATE PROGRAM MEMBERSHIP

Definition

The Raleigh Associate Program membership is obtained in the name of the individual interested in becoming affiliated with the Raleigh Regional Association of REALTORS®. This individual is the primary contact and recipient of communications concerning the membership. The Raleigh Associate Program membership does not grant access to Triangle Multiple Listing Service. Individuals must belong to the highest level of membership for which they qualify.

Qualifications

Individuals, owners, principals and managers of a business who, while not engaged in real estate sales, have interests requiring information concerning real estate and are in sympathy with the objective of the Raleigh Regional Association of REALTORS®.

Application Procedures

You may mail a completed application to the Raleigh Regional Association of REALTORS® at 111 Realtors Way, Cary, NC 27513 or fax to 919-654-5401 or email to vickib@rrar.com. For questions, please contact Vicki Buckholz at 919-654-5400 or via email at vickib@rrar.com.

Dues

Annual dues are \$50 per individual. Program members then will be billed in November with payment due by December 31st in order to renew membership for the following year.