

# UCAR Membership Form



- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> New Member       | <input type="checkbox"/> Terminate/Inactive         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer Offices | <input type="checkbox"/> New Appraiser              |                                      |
| <input type="checkbox"/> Reactivate       | <input type="checkbox"/> Change Contact Information |                                      |

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Personal Webpage: \_\_\_\_\_

Real Estate License #: \_\_\_\_\_ Last Four SSN#: \_\_\_\_\_ Gender: M / F

Company Name: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Designations Currently Held (GRI, CRS, etc.): \_\_\_\_\_ Send mail to (circle one): Home or Office

Are you currently a member of another REALTOR® association? Y / N If yes, which: \_\_\_\_\_

Have you been refused membership in another REALTOR® association? Y / N If yes, explain: \_\_\_\_\_

Has your real estate license ever been suspended? Y / N If yes, explain: \_\_\_\_\_

## Terminations and Transfers

Terminating Company: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## New Members and New Transfers

New Company: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REALTOR® Political Action Committee Contribution:

Yes, please contact me to discuss how I can invest in my business by contributing to the REALTOR® Political Action Committee (RPAC).

### \*\* NEW MEMBERS ONLY \*\*

I, the undersigned, hereby agree as a condition to membership to complete the Code of Ethics and New Member Orientation classes within 60 days of joining UCAR. I realize that I am subject to a \$100 fine and suspension if I do not attend the classes within the designated timeframe. In the class, I will thoroughly familiarize myself with and follow the Code of Ethics of the National Association of REALTORS® (NAR) of which I am now a member. I agree to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the constitutions, bylaws, and rules and regulations of the Association. I also authorize UCAR to contact me by email, fax, and cell phone, and I will notify them immediately of any contact information changes. **If I am unable to attend these days, I understand that I must notify the UCAR office the day before the class or I will pay a \$20 no-show fee.**

#### Code of Ethics

Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### New Member Orientation

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## UCAR Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Fees Paid: \$ \_\_\_\_\_ RAP: \_\_\_\_\_

Member #: \_\_\_\_\_ NRDS #: \_\_\_\_\_ Check A/R: \_\_\_\_\_