



Application for Individual REALTOR® Membership South Carolina REALTORS®

To the South Carolina REALTORS®, I hereby apply for Individual REALTOR® Membership in the above named Association and am enclosing my check in the amount of \$_____ (see proration schedule below*) My application fee and dues will be returned to me in the event of non-election, or if it is determined that my place of business falls within the jurisdiction of an existing REALTOR® Association. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Executive Committee and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

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 Executive Committee 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®.

*Proration Schedule:

	Dues:	New Member Assessment:	Total:
January	\$140	\$25	\$165
February	\$130	\$25	\$155
March	\$120	\$25	\$145
April	\$110	\$25	\$135
May	\$100	\$25	\$125
June	\$90	\$25	\$115
July	\$80	\$25	\$105
August	\$70	\$25	\$95
September	\$60	\$25	\$85
October	\$50	\$25	\$75
November	\$40	\$25	\$65
December	\$30	\$25	\$55

Name: _____

SC Real Estate License #: _____

Licensed/certified appraiser: Yes No Appraisal License #: _____

Office Name: _____

Preferred Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: _____

NAR membership (NRDS) # _____

Last date (year) of completion of NAR's Code of Ethics training requirement: _____

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: _____

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? [] Yes [] No (If yes, provide details as an attachment.)

Are you a principal, partner, corporate officer or branch office manager? [] Yes [] No **If yes, you must also complete part 2 of this application.**

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 South Carolina REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., RPAC and REALTORS® Education Foundation) 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. 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.

Dated: _____ Signature: _____

APPLICATION FOR REALTOR® MEMBERSHIP: PART 2 for Brokers in Charge/Branch Office Managers

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm: _____

How many real estate licensees (Agents) are affiliated with your firm? _____

Have you ever been refused membership in any other Association of REALTORS®? [] Yes [] No
If yes, state the basis for each such refusal and detail the circumstances related thereto:

Is the Office Address, as stated, your principal place of business? [] Yes [] No
If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? [] Yes [] No
If so, where:

Have you or your firm been found in violation of state real estate licensing regulations within the last three years?
[] Yes [] No If yes, provide details: _____

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. [] Yes [] No . If yes, provide details as an attachment.

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 individual membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the South Carolina REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **No refunds.**

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., RPAC and REALTORS® Education Foundation) 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. 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.

Dated: _____

Signature: _____

Dues can be paid by mailing a check to:
South Carolina Association of Realtors
Attn: Member Services
3780 Fernandina Road
Columbia, SC 29210

-or-

Providing Visa/Mastercard information below, or at 803-807-2107

Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Once SCR receives your completed application and payment, your membership will be activated (usually within one business day). After activation, you will have full member benefits to include website and ZipForm access to standard contracts.