

Mem#: _____
Date: _____
Total: _____
Type of Payment: _____

HOWARD COUNTY ASSOCIATION OF REALTORS®
Membership Application

Designated REALTOR® / Principal Broker **REALTOR® / Sales Agent** **Appraiser**
(All applications must have a photocopy of the Real Estate/Appraiser License attached)

Mr.
Ms.
Mrs.

First Name	MI	Last Name	Nickname
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Office Information

Company	Office Phone Number	Office Fax Number
	- -	- -

Suite #	Street Address	City	State	Zip Code
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Home Address

Apt #	Street Address	City	State	Zip Code
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Home Phone Number	Home Fax Number	Pager / Cell Phone Number
- -	- -	- -

E-Mail Address

Real Estate / Appraiser License Information

License #	State	Expiration Date
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Preferred Mailing Address Office Home **Preferred Fax Machine** Office Home

YES NO I give permission for my home telephone number to be published in the HCAR Directory

Association/Board of Primary affiliation (if applicable): _____

Indicate any NAR or MAR designations or affiliations: _____



HCAR ALSO NEEDS A COPY OF THE AGENT'S POCKET LICENSE.

HOWARD COUNTY ASSOCIATION OF REALTORS® , INC

I have read and, in the event of my acceptance to membership in the Howard County Association of REALTORS® , Inc. (the "Association"), I agree to abide and be bound by the Bylaws, Policies and Procedures, Rules and Regulations of the Association, **Constitution and Bylaws of the State Association (if applicable)**, and the Bylaws and Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS® . I agree to attend and satisfactorily complete any required orientation course of the Association within sixty (60) days from the date of this application.

I irrevocably waive all claims against the Association or any employees, officers, directors or members for any act or omission in connection with the business of the Association, including the interpretation and/or application of the Bylaws, Policies and Procedures of the Association and the acceptance of or failure to accept, advance, suspend, expel or discipline me as a member of the Association. The authority of the Grievance and Professional Standards Committees of the Association, are expressly acknowledged and accepted by me, and I acknowledge and agree that I will arbitrate future contractual disputes arising out of the real estate business as specified by Article 17 of the Code of Ethics and as set forth in the Code of Ethics and Arbitration Manual of the NATIONAL ASSOCIATION OF REALTORS® and the Policies and Procedures Manual of this Association, all as from time to time amended.

I understand that the Howard County Association of REALTORS® Inc. may terminate my membership if this application contains misrepresentations or I fail or refuse to comply with the conditions of membership as stated in the Bylaws, Policies and Procedures and Regulations of this Association and the NATIONAL ASSOCIATION OF REALTORS® . Upon expiration or termination of my membership with the NATIONAL ASSOCIATION OF REALTORS® for any cause or reason whatsoever, I will discontinue use of the term "REALTOR®". Further I agree that if I resign or am terminated from membership with any outstanding dues and fees (including any costs and sums previously awarded by the Arbitration Hearing Panel in conjunction with arbitration proceedings), the Board of Directors may condition renewal or reinstatement of membership upon my payment of said fees.

I understand that in the event I am not eligible for membership in the category indicated, or if I am not elected to membership, the advanced dues and fees will be refunded to me, less \$50 for processing. If elected to membership I agree, to pay (when due) the established fees, dues, assessments and fines, in effect as long as I am a member of this Association. I understand that if I no longer wish to maintain my membership, the Association must be notified in writing with the proper forms provided. I further understand there will be no refund of dues paid should I terminate my membership in the Association with the following exception:

- Any member who requests a refund in writing within thirty (30) calendar days after the first of the month in which elected to membership or within thirty (30) calendar days after the due date (November 1st).

Application by _____
(Signature) (Name Printed) (Date)

I (the Designated REALTOR® / Office Manager / Broker) have carefully reviewed this application and the membership information contained herein and have determined it to be true and correct to the best of my knowledge.

Certified by _____
(Signature of Office Manager Designated REALTOR® or Broker) (Name Printed) (Date)



Howard County Association of REALTORS®
 5501 Twin Knolls Road, Suite 111
 Columbia, MD 21045
 Ph: 410-715-1437 Fax: 410-715-1489

**Pro-Rated Dues Schedule for New Members in the
 November 1, 2011 – October 31, 2012 Membership Year**

	Nov '11-Oct '12	Feb-Oct '12	Mar-Oct '12
Howard County Association of REALTORS®	\$223.00	\$167.25	\$167.25
Maryland Association of REALTORS®	\$170.00	\$170.00	\$170.00
National Association of REALTORS®	\$155.00	\$145.00	\$135.00
Processing Fee* (one-time fee)	\$100.00	\$100.00	\$100.00
TOTAL	\$648.00	\$582.25	\$572.25

	April-Oct '12	May-Oct '12	June-Oct '12
Howard County Association of REALTORS®	\$167.25	\$111.50	\$111.50
Maryland Association of REALTORS®	\$170.00	\$ 85.00	\$ 85.00
National Association of REALTORS®	\$125.00	\$115.00	\$105.00
Processing Fee* (one-time fee)	\$100.00	\$100.00	\$100.00
TOTAL	\$562.25	\$411.50	\$401.50

	July-Oct '12	Aug-Oct '12	Sept-Oct '12
Howard County Association of REALTORS®	\$111.50	\$ 55.75	\$ 55.75
Maryland Association of REALTORS®	\$ 85.00	\$ 85.00	\$ 85.00
National Association of REALTORS®	\$ 95.00	\$ 85.00	\$ 75.00
Processing Fee* (one-time fee)	\$100.00	\$100.00	\$100.00
TOTAL	\$391.50	\$325.75	\$315.75

* One-time fee for new members only.

Active agents transferring from their current association to HCAR will not be charged a processing fee.

You may pay REALTOR® membership fees by mailing your application and a check to the above address, or faxing completed application and credit card information to 410-715-1489.

Credit Card # (MasterCard / Visa) Exp. Date Security Code Amount Charging

Signature

Name on Credit Card (printed)

Billing Address of Credit Card (street, city, state, zip code)

