

FAQ

APPLICATIONS ACCEPTED

Monday thru Friday 8am-4pm

WHAT YOU NEED

- Application with your Broker's signature
- Copy of your "large" Real Estate License

ADDRESS

Elko County Association of REALTORS®
557 W. Silver Street Elko, NV 89822

3 CONVENIENT WAYS TO PAY

1. All Major Credit/Debit Cards
2. Personal Check
3. Money Order

**No cash accepted*

NEED MORE INFO?

775. 738-2395 • ecar@frontiernet.net

Elko Count Association of REALTORS®

MEMBERSHIP APPLICATION





557 W. Silver St 201A
 Elko, NV 89801
 (775) 738-2395 ecar@frontiernet.net

For Official Use Only	
Agent #	_____
License #	_____
NRDS#	_____
MLS ID#	_____
Date Joined Firm	____ / ____ / ____
Firm #	_____
Broker Code	_____
Check ___ Money order ___ C.C. ___	
By	_____

APPLICATION FOR MEMBERSHIP

I, (Mr. Mrs. Ms.) _____ hereby apply
 (Circle One) (Print FULL Legal Name as it Appears on your License from the State of Nevada)

for REALTOR® Membership in the Elko County Association of REALTORS®. In the event of my election, I agree to abide by its Constitution, Bylaws, Rules and Regulations, and the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association. (Applicant/ ECAR Representative's Initials) _____/_____.

I irrevocably waive all claims against the Elko County Association of REALTORS® or any of its officers, directors or members for any act in connection with the business of the Elko County Association of REALTORS® and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon the termination of said membership for any cause, I will discontinue the use of the term "REALTOR®" (if my membership has included right to its use) and return all certificates, signs, seals or other indications of membership in the Local Association, State Association and the NATIONAL ASSOCIATION OF REALTORS®.

PLEASE COMPLETE THIS FORM IN DETAIL

I hereby submit the following information for your consideration: (Please type or print clearly)

License # _____ Expiration Date ____ / ____ / _____

Please Check: Broker Broker-Salesman Salesman Appraiser

Please check for computer service: MLS

Indicate Specialty: Residential Commercial Property Mgmt Appraisal Other (describe)

Do you speak another language besides English? YES NO

If so, indicate which language(s) _____

I would like my mail sent to my: Home Office and allow "unsolicited" mail/fax: YES NO

Res. Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Fax (____) _____ - _____ Cell (____) _____ - _____

Would you like to receive text message updates to your mobile device? YES NO

E-MAIL Address _____ @ _____ (Required for Notices and MLS Use)

Firm Name: _____

Off. Address: _____ City _____ State _____ Zip _____

I have been licensed in NV since ____ / ____ / ____.

Applicant Initials: _____

Previous Employment:

_____ as _____ to _____
Firm Position Dates

_____ (____) _____ - _____
Address Phone Supervisor

List two (2) references (preferably REALTORS® with whom you are acquainted):

Name _____ Phone (____) _____ - _____

Name _____ Phone (____) _____ - _____

I was born ____/____/____ in City _____ State _____ Country _____

If employing broker, list all salespersons presently licensed with your firm and attach to this form.

I devote _____% of my business time to Real Estate. If employed or engaged in any other business, please explain:

If you are now or previously were a member of another Real Estate Board, please give name and address of the Board: _____

Have you been refused membership in any Real Estate Board? YES NO. If yes, attach an explanation.

Has any disciplinary proceeding(s) been initiated against you by a local Board of REALTORS® or in a criminal complaint? YES NO. If yes, attach an explanation.

Do you have a record of official sanctions involving unprofessional conduct in the past three (3) years of (1) civil rights laws; (2) real estate license laws; and (3) or other laws prohibiting unprofessional conduct against the applicant rendered by the courts or other lawful authorities? YES NO. If yes, attach an explanation.

Have you been involved in any pending bankruptcy or insolvency proceedings? YES NO. If yes, attach an explanation.

Have you been adjudged bankrupt in the past three (3) years? YES NO. If yes, attach an explanation.

* OPTIONAL Political Party: Republican Democrat Libertarian Other (name) _____

I am a registered voter? YES NO.

It is understood that if this application is refused, the fees enclosed will be returned to me, less \$50 processing fee and current MLS fees. I understand that if I fail to pay my yearly dues and assessments on or before February 15 of each year, my membership will be canceled without previous notice.

Applicant Initials: _____

DOMAIN NAMES AND WEB SITES

An Applicant shall not register any domain name, which is the same as, or confusingly similar to any registered or common law trademark owned by the Elko County Association of REALTORS® or any of its affiliates. The Elko County Association of REALTORS®, in its sole discretion, shall determine whether any domain name is confusingly similar to any Elko County Association REALTORS® trademark. In the event that any applicant owns, or controls the ownership of, any such domain name, that applicant shall immediately, and without compensation, assign the domain name registration, and all right, title and interest in the domain name, to the Elko County Association of REALTORS®.

Similarly, applicants shall not own, invest, consult or participate in any way in any web site which is conducted under the name of any registered or common law trademark owned by the Elko County Association of REALTORS® or any of its affiliates.

Applicant Initials: _____

AUTHORIZATION AND CERTIFICATION

As an applicant for membership in the within Association, I certify that the answers given in this Application are true and correct and I authorize Elko County Association of REALTORS® through its representatives to make such investigations through recognized credit or other channels as may be considered advisable to verify the statements herein made by me. I agree to abide by all terms and conditions of any MLS contract that may be in effect between the Elko County Association of REALTORS® and a vendor from time to time.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS) may contact me at the specified address, telephone numbers, fax numbers, email address (including Portable Devices) 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.

If elected to Membership all fees and dues paid become the property of the Elko County Association of REALTORS® and are not refundable. All fees and dues are due from the date of application.

APPLICANT

Dated ___ / ___ / _____

I hereby certify that the within named Applicant is affiliated with my office. I further certify that the information contained herein is accurate and factual to the best of my knowledge. I believe the applicant is honest, truthful, and of good reputation, and I recommend that the within named Association elect said Application to Membership.

Designated REALTOR® (BROKER)

Dated ___ / ___ / _____