

ROANOKE VALLEY ASSOCIATION OF REALTORS® 4358 Starkey Road, SW

Roanoke, Virginia 24018

Phone: 540-772-0526 Fax: 540-772-8058 www.rvar.com

RVAR MEMBERSHIP APPLICATION

| Ι, | | | nip as a REALTOR® OR Re | | |
|---|--|---|--|---|--|
| Member in the Roanoke Valley Association of REALTORS® (RVAR), and I enclose my dues and application fee, which I understand can only be refunded provided the request is received in writing within five (5) business days of the new member's | | | | | |
| join date. If my application is approved, I agree, a | s a condition to memb | ership to: | • | | |
| 1. Complete within six (6) months of my accepta my acceptance, an RVAR fair housing course. At | nce, an RVAR orienta | tion course, an | d complete within twelve (12 | 2) months of | |
| upon by the Board of Directors on a case-by-case | | orientation of 1 | an nousing attendance may t | be decided | |
| 2. Familiarize myself thoroughly with the Code of the | | | | | |
| arbitrate business disputes in accordance with the policies related to the Association, the State Association | | | | iaws, and any | |
| I further agree that my act of paying dues shall evi Bylaws; Rules and Regulations, Policies and duty | | | | e of Ethics; | |
| I understand that this application, if accepted, ent further understand that this application will be a | | | | | |
| have given a copy of my Virginia Real Estate L | | | | g, omy arter 1 | |
| NOTE: Applicant acknowledges that if he/she is acc Association because of any ethics complaint or arbitrat the applicant's verification that he/she will submit to t without having complied with an award in arbitration, that award, plus any costs that have previously been establish not in the interim been satisfied. | ion request pending, the he decision of the Heari ne Board of Directors ma | Board of Directoring Panel. If apply condition rene | ors may condition renewal of molicant resigns or is expelled frowal of membership upon his/her | embership upon om membership payment of the | |
| NAME: | | | | | |
| RESIDENCE ADDRESS: | HOME PHONE: | | | | |
| CITY: | STATE: | | ZIP: | | |
| CELL PHONE: | E-MAIL ADDRESS: | | | | |
| COMPANY NAME: | OFFICE PHONE: | | | | |
| OFFICE ADDRESS: | | | | | |
| AGENT LICENSE # | (Attach a copy of your license) | | | | |
| LICENSE (check one) Broker | Associate Bro | oker | Salesman (REALTOR) | | |
| IF INACTIVE MEMBER OF ROANOKE VAI REACTIVATION F | LLEY ASSOCIATION O EE TO TOTAL AMOUN | | | DD \$75 | |
| SIGNED:(APPLICANT) | * This area to be completed by Association office * | | | | |
| DATE: | Amount Received: | | | | |
| Broker signature | Received by: | Received by: | | | |
| METHOD OF PAYMENT Check one: | Cash | Check | MasterCard | Visa | |

REALTOR® - is a registered mark which identifies a professional in real estate who subscribes to a strict Code of Ethics as a member of the NATIONAL ASSOCIATION OF REALTORS®

Discover AMEX

Year inactive:

Payments to the Roanoke Valley Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense.

Rev 7/17

I have previously been a member of an Association of REALTORS®: _____YES _____NO

If yes, state name of Association and location:

Year membership began: