

Type of Membership: _____ Primary _____ Secondary (Currently an Active Member of another Board)

HAVE YOU PREVIOUSLY HELD MEMBERSHIP IN THE COBB ASSOCIATION OF REALTORS?

Yes No Year(s) of Membership : _____

If yes, please indicate any other name your past membership could be listed under. _____

IMPORTANT REMINDER:

This application is the first stage in becoming a Member of the Cobb Association of REALTORS. You must complete an Orientation class (held at the Association office each month; monthly notices will be sent out) before this application is approved for membership.

EFFECTIVE MEMBERSHIP DATE FOR MILLION DOLLAR CLUB VOLUME CREDIT:

If applicant completes the Orientation class within three months of application to the Association, the effective date shall be the date the application was received in the Association Office. Otherwise, the effective MDC date shall be the date the application is approved by the Board of Directors.

***In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS, including the obligation to arbitrate any existing or future disputes with another member in accordance with the Association's arbitration procedures. I also agree to abide by the Constitution, Bylaws, and Rules and Regulations of the Cobb Association of REALTORS, the Georgia Association of REALTORS, and the National Association of REALTORS which are made available to me at the office of the Cobb Association of REALTORS, and if required, I further agree to satisfactorily complete within **THREE MONTHS** time, (or **THREE** Orientation Class Dates) an ORIENTATION CLASS. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. I irrevocably waive all claims against the Association or any of its officers, directors or members, for any acts in electing or failing to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of the term REALTOR and return to the Association all certificates, signs, seals or other indications of membership in the Association, the State Association and the National Association of REALTORS. I consent that the Association, through its Membership Committee or otherwise, may invite and receive other information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established. I understand that should I not complete the **ORIENTATION CLASS** within the prescribed **THREE MONTHS or THREE CLASS DATES** from the date of my application that I will be automatically dropped as an applicant for membership, and that there will be no refund of any portion of the fees paid. 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.***

***IF YOU ARE APPLYING FOR REALTOR MEMBERSHIP YOUR APPLICATION MUST BE SIGNED BY BOTH YOU AND THE BROKER. .**

***Signed:** _____ **Dated:** _____

[SIGNATURE OF APPLICANT]

I certify that I am an Active REALTOR member in the Cobb Association of REALTORS who has been named the Designated REALTOR member (or Managing Broker). I have reviewed this application and certify that the applicant is presently licensed with this firm and I hereby recommend the applicant for REALTOR membership.

***Signed:** _____ **Dated:** _____

(PRINCIPAL/MANAGING BROKER)

*This application must include a signature from the Designated REALTOR or Managing Broker before it will be processed.

I am enclosing my payment of \$ _____

My method of payment is: Check # _____

Please circle: Visa Mastercard Discover American Express

_____ Card Number Expiration Date

Name as it Appears on Card: _____