

Email completed application to: ccar@ccrealtors.com
 Please include a copy of your real estate license or temporary license



Clark County Association of REALTORS®

Membership Application

Membership Type: Designated REALTOR® REALTOR® REALTOR® Associate Secondary REALTOR® Appraiser

I submit the following information for consideration by the CCAR Board of Directors:

Title: Ms. Mrs. Mr.

Last 4 of SSN: _____ Birth Date: ____/____/____ WA Real Estate License #: _____ Expiration: _____

First Name: _____ Middle Int: _____ Last Name: _____

Home Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email for Billing: _____

Office Name: _____ Designated Broker: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

I PREFER MY MAIL DELIVERED TO: HOME OFFICE

1. Do you hold, or have you ever held a real estate license in another state? Yes No
 If "Yes" please list the State: _____

2. Do you hold, or have you ever held membership in a REALTOR® Association affiliated with the National Association of REALTORS®? Yes No
 If "Yes" please list the association name: _____ Your NRDS ID: _____

3. Do you want to transfer your primary REALTOR® membership (active/inactive) to CCAR from that real estate association? Yes No

4. Have you ever been refused membership in any REALTOR® association? Yes No
 If "Yes" state the basis for refusal: _____

5. Has your real estate license, in this or any other state, been suspended or revoked? Yes No
 If "Yes" specify the substance of each complaint in each state, the agency before which the complaint was made, and the current status or resolution of such complaint:

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, and the Constitution, Bylaws, and Rules and Regulation of the Clark County Association of REALTORS®. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comments about me from any member or other person. I agree to satisfactorily complete the new member orientation course within one year of application date. I further agree that any information and comment furnished to the Board 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 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 agree that, if accepted for membership in the Association, I shall pay the fees and dues as established.

By signing this application, you opt in to receive SMS text messaging (data rates may apply) from CCAR with regards to REALTOR® dues notices, education classes and advocacy campaigns.

Signature: _____

Date: _____