



361 Second Street NW  
Hickory, NC 28601

Phone 828.322.8249  
Fax 828.327.6353

Dear Secondary REALTOR® Applicant:

Congratulations and welcome to the Catawba Valley Association of REALTORS®, Inc.

PLEASE READ THE APPLICATION CAREFULLY BEFORE COMPLETION AND SIGNING.

Association dues (see attached prorated schedule) are due upon submission of application. If paying by check, please make payable to: Catawba Valley Association of REALTORS® (CVAR).

Please join us at the Association luncheon meeting held on the 2<sup>nd</sup> Wednesday of every other month, (with exceptions) at Lake Hickory Country Club beginning 11:30 AM. The 2020 schedule is as follows: February 12, April 8, June 10, August 12, October 21 and December 9. The cost of the luncheon is included in your annual dues. **LUNCHEON RESERVATIONS ARE REQUIRED.** A sign-up sheet will be emailed to your office approximately two weeks prior to the luncheon.

Should you, in the future, transfer to another firm, a \$50.00 transfer fee is due to the Catawba Valley Association of REALTORS®, along with a CVAR Transfer Form which can be obtained from the Association office. Cash or Check only. Make check payable to CVAR. If you are a MLS subscriber, a transfer subscription request must also be submitted.

If you are joining the MLSCV, your MLS Participant will be invoiced in advance of each month's service fee. *If MLS service is requested prior to Add/Delete date, immediate payment for MLS Service must accompany the returned application.*

We look forward to working with you, and should you have any questions, please give us a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Gronewold', written in a cursive style.

John Gronewold  
Executive Officer

**CATAWBA VALLEY ASSOCIATION OF REALTORS<sup>®</sup>, INC.**

**2020 DUES SCHEDULE**

**Secondary Membership pays LOCAL dues only.**  
**The Primary Association collects NCAR and NAR dues.**

<b>MONTH</b>	<b>LOCAL</b>
<b>January</b>	\$140.00
<b>February</b>	\$128.33
<b>March</b>	\$116.65
<b>April</b>	\$105.00
<b>May</b>	\$93.32
<b>June</b>	\$81.65
<b>July</b>	\$69.98
<b>August</b>	\$58.31
<b>September</b>	\$46.64
<b>October</b>	\$34.97
<b>November</b>	\$23.30
<b>December</b>	\$11.67



# APPLICATION FOR REALTOR® MEMBERSHIP\*

I hereby apply for **Secondary REALTOR®** membership in the Catawba Valley Association of Realtors®. In the event my application is approved, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws, Rules and Regulations, of the Catawba Valley Association of Realtors®, the State Association, and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand my Membership is final only upon completion of requirements, such as Orientation within time frame established in the Association's Bylaws, (See attached dues schedule)

**NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose when applicant was a REALTOR®.

## SECTION 1

Type:  Realtor or  Designated Realtor Membership:  Secondary

Check One:  Mr.  Mrs.  Ms. Gender:  Male  Female

Full Name (First, Middle Initial, Last) \_\_\_\_\_  
(please print)

Nickname: \_\_\_\_\_ (i.e. Richard = Rick)

Real Estate License #: \_\_\_\_\_  Broker  Provisional Broker **(Check One)**

Licensed/certified appraiser:  Yes  No Appraisal License #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Additional Phones: (Home, Pager, Cellular, V. M., etc) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Designations (ex. GRI): \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you presently a member of any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held: \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held: \_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaint pending?  Yes  No (If yes, provide details as an attachment)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: \_\_\_\_\_

and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_

**Are you a principal, partner, corporate officer or branch office manager?  Yes  No**

**If yes, you must also complete Section 2 of this application.**

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. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Catawba Valley Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**SECTION 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS**

Company information:  Sole Proprietor  Partnership  Corporation  LLC(Limited Liability Company)

Your position:  Principal  Partner  Corporate Officer  Branch Office Manager

Names of other Partners/Officers/ of your firm:

\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®?  Yes  No  
If yes, state the basis for each such refusal and detail the circumstances related thereto:

\_\_\_\_\_

\_\_\_\_\_

Is the Office Address, as stated, your principal place of business?  Yes  No  
If not, or if you have any branch offices, please indicate and give address:

\_\_\_\_\_

\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state?  Yes  No  
If so, where:

\_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

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. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Catawba Valley Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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Dated: \_\_\_\_\_ Signature: \_\_\_\_\_





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Hickory, NC 28613

Phone: 828.322.8249

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[info@catawbavalleyreatlors.com](mailto:info@catawbavalleyreatlors.com)

**SUBSCRIBER INFORMATION**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Nickname: \_\_\_\_\_ Check One:  Mr.  Mrs.  Ms.

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Office Name: \_\_\_\_\_

Agent License # (if applicable): \_\_\_\_\_

Position:  REALTOR®  Appraiser  Appraiser Trainee  Licensed Assistant  Unlicensed Assistant  Office Staff/Owner

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Female  Male

Designations: \_\_\_\_\_

Languages Spoken (other than English): \_\_\_\_\_

Are you a member of another Association/Board of REALTORS®?  Yes  No

If so, name of Association/Board: \_\_\_\_\_

Have you previously been a member of the MLS of Catawba Valley?  Yes  No

Are you a member of a real estate team?  Yes  No Are you interested in subscribing to Supra eKey?  Yes  No

**For Office Use Only**

Date Activated: \_\_\_\_\_ MLS #: \_\_\_\_\_ Alternate ID/Member Level: \_\_\_\_\_

Member Type:  ADM  ADML  DR  R Login Info Sent: \_\_\_\_\_