



361 2nd Street NW  
Hickory, NC 28601

Phone 828.322.8249

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) and **\$250.00 joining fee** are due upon submission of application.

If paying by check, please make payable to: Catawba Valley Association of REALTORS® (CVAR).

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. Make check payable to CVAR.

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 that reads 'Elizabeth C. Hensley'.

Beth Hensley  
Association Executive

*\*Applications are processed within hours of receipt. If for any reason you withdraw your membership, a portion of the application fee is refundable, provided you notify the board office within the first 72 hours of membership. Any request made beyond the initial 72 hours cannot be considered.*

**CATAWBA VALLEY ASSOCIATION OF REALTORS® , INC.**

**2023 DUES SCHEDULE**

**Secondary Membership pays LOCAL dues only.**

**The Primary Association collects NC REALTORS® and NAR dues.**

<b>MONTH</b>	<b>LOCAL</b>
<b>January</b>	\$150.00
<b>February</b>	\$137.50
<b>March</b>	\$125.00
<b>April</b>	\$112.50
<b>May</b>	\$100.00
<b>June</b>	\$87.50
<b>July</b>	\$75.00
<b>August</b>	\$62.50
<b>September</b>	\$50.00
<b>October</b>	\$37.50
<b>November</b>	\$25.00
<b>December</b>	\$12.50



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:

\_\_\_\_\_  
\_\_\_\_\_

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

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



**Catawba Valley Association of REALTORS®**  
361 2<sup>nd</sup> St NW  
Hickory, NC 28601  
Phone: 828-322-8249

**DEBIT/CREDIT CARD CHARGE AUTHORIZATION FORM**

If you would like to have your invoices automatically charged to your card please fill out and return this form to [info@catawbavalleyrealtors.com](mailto:info@catawbavalleyrealtors.com). You will be sent a receipt so you will have a copy for your records.

*All personal data information is encrypted and protected by Secure Sockets Layer (SSL).*

This is to authorize the Catawba Valley Association of REALTORS® to charge my invoices to a credit/debit card for the following dues and fees.

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**Please check all that are applicable:**

- Annual Association dues
- New Member Application Fee (never pro-rated)
- New Member Association Dues (if joining after January, dues are pro-rated)
- Transfer fee

Card type:  Personal  Corporate

Visa  MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Member Name \_\_\_\_\_ NCREC # \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_