



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<sup>®</sup>, INC.**

**2024 DUES SCHEDULE**

**Secondary Membership pays LOCAL dues only.**

**The Primary Association collects NC REALTORS<sup>®</sup> and NAR dues.**

<b>MONTH</b>	<b>LOCAL</b>
<b>January</b>	\$165.00
<b>February</b>	\$151.25
<b>March</b>	\$137.50
<b>April</b>	\$123.75
<b>May</b>	\$110.00
<b>June</b>	\$96.25
<b>July</b>	\$82.50
<b>August</b>	\$68.75
<b>September</b>	\$55.00
<b>October</b>	\$41.25
<b>November</b>	\$27.50
<b>December</b>	\$13.75



# APPLICATION FOR REALTOR® MEMBERSHIP\*

I hereby apply for **Secondary REALTOR®** membership in the Catawba Valley Association of Realtors® and remit my check or cash in the amount of \$ **250.00**, for an application fee, which I understand will be returned to me in the event I am not approved for membership. 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®.

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## 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: \_\_\_\_\_

Any Other Languages Spoken: \_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_ Branch: \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

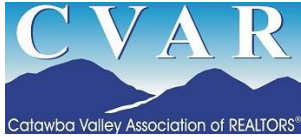
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to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

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

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



**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:    Visa            MasterCard            American Express            Discover

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

Expiration Date:    \_\_\_/\_\_\_

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

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

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

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