



CAPITAL AREA REALTORS®



3149 Robbins Road • Springfield, IL 62704 • Phone 698-7000 • Fax 698-7009

Designated REALTOR® Membership Fee Information

ASSOCIATION FEES:

- Membership Application Fee: \$700.00 (includes \$600.00 membership application fee plus \$100.00 application fee for Designated REALTORS® of new member firm)
- DR Application Fee: \$100.00 (current REALTOR® requesting Designated REALTOR® membership)
- DR Transfer Fee: \$25.00 (current REALTOR® requesting to replace existing firm's Designated REALTOR®)
- Annual Membership Dues:

[The following includes the annual dues (local, state & nat'l) through 2017. State's includes a \$75 mandatory assessment for the Illinois RVOICE Initiative (\$25 allocated to the RVOICE PAF Initiative). National's includes a \$35 mandatory assessment for Public Awareness. These assessments are not prorated. The dues are pro-rated monthly (due upon application). Dues for following years are due on or before August 1 of each year.]

REALTOR® Dues Schedule (pro-rated monthly)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Local	160.00	146.67	133.33	120.00	106.67	93.33	80.00	66.67	53.33	40.00	26.67	13.33
State	245.00	230.83	216.67	202.5	188.33	174.17	160	145.83	131.67	117.50	103.33	89.17
National	<u>155.00</u>	<u>145.00</u>	<u>135.00</u>	<u>125.00</u>	<u>115.00</u>	<u>105.00</u>	<u>95.00</u>	<u>85.00</u>	<u>75.00</u>	<u>65.00</u>	<u>55.00</u>	<u>45.00</u>
Total Due	\$560.00	\$522.50	\$485.00	\$447.50	\$410.00	\$372.50	\$335.00	\$297.50	\$260.00	\$222.50	\$185.00	\$147.50
*RPAC	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>
Total	\$ 600.00	\$ 562.50	\$ 525.00	\$ 487.50	\$ 450.00	\$ 412.50	\$ 375.00	\$ 337.50	\$ 300.00	\$ 262.50	\$ 225.00	\$ 187.50

*** RPAC Contributions are Voluntary:** Contributions to RPAC are not deductible for federal income tax purposes. Contributions are voluntary and are used for political purposes. The amounts indicated are merely guidelines and you may contribute more or less than the suggested amounts. The National Association of REALTORS® and its state and local associations will not favor or disadvantage any member because of the amount contributed or decision not to contribute. You may refuse to contribute without reprisal. Up to thirty percent (30%) may be sent to National RPAC to support federal candidates and is charged against your limits under 2 U.S.C. 441a. A copy of our report filed with the State Board of Elections is (or will be) available on the Board's official website www.elections.il.gov or for purchase from the State Board of Elections, Springfield, Illinois.

MULTIPLE LISTING SYSTEM (MLS) FEES:

(Applicable to those Designated REALTORS® desiring MLS services)

- MLS Participant App. Fee \$1,000
- Initial MLS Security Fee: \$60.00 (Due with Application)
- Monthly MLS User Fee: \$50.00 (Quarterly payment due with Application)
- Monthly ShowingTime User Fee: \$13.25 (Quarterly payment due with Application)
- Initial SentryLock Setup Fee: \$40.00 (Due with Application)
- Monthly SentryLock Fee: \$18.00 (Quarterly payment due with Application)

(cont.)

APPLICATIONS AND FORMS NEEDED:

1. Designated REALTOR® application
2. MLS affidavit (if joining MLS)
3. MLS Participation Agreement (if joining MLS)
4. Affidavit of organization
5. Copy of Illinois Broker's license or Appraiser's license or certificate
6. Check made out to the Capital Area REALTORS® in the appropriate amount
7. Copy of office license, only if office is a corporation

(PLEASE CONTACT THE ASSOCIATION OFFICE AFTER DESIGNATED REALTOR® APPROVAL FOR CURRENT FEES FOR LICENSED INDIVIDUALS WITHIN THE OFFICE. ALL LICENSED INDIVIDUALS ASSOCIATED WITH THE FIRM WILL BE ASSESSED FEES PER THE BYLAWS.)



**Please make your checks payable to:
Capital Area REALTORS® or CAR**

Visa Mastercard Discover Check # _____

Exp. Date _____ Name: _____ Signature: _____

Amount \$ _____

Date ___/___/___

If you have any questions concerning this application please call Kathy Nichelson at 698-7000.



CAPITAL AREA REALTORS®



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Application for Designated REALTOR® Membership

I hereby apply for Designated REALTOR® membership with the Capital Area REALTORS®. Enclosed is my NON-REFUNDABLE application fee of \$700.00, (\$25.00 for current REALTOR® members). Also, enclosed is my NON-REFUNDABLE prorated annual membership dues of \$ _____. The application fee is not applicable to current CAAR REALTOR® Members.

Name of Applicant: _____ Date of Birth _____
(First) (Middle) (Last)

Name as you want it to appear on roster _____

Name of firm _____ E-Mail Address _____

Indicate legal status: Sole Proprietor DBA Limited Liability Company
 Corporation Partnership

Position with firm: Principal Partner Corporate Officer
 Office Manager Employee Independent Contractor
 Appraiser Other _____ (If "other" explain)

How long have you been associated with your office? _____

Office Address _____ Office Phone _____
(Street) (Town) (Zip) Office Fax _____

Home Address _____ Home Phone _____
(Street) (Town) (Zip)

Moved to present office in _____ from _____
(Year) (Firm Name & Address)

Cellular Phone# _____ Main Contact Phone# to list in MLS _____

E-Mail Address _____ Website Address _____

Are you actively engaged in the real estate business? Yes No

License Number: _____ Broker Licensed Appraiser
 Managing Broker Certified Residential Appraiser
 Other Certified General Appraiser

Do you hold yourself out to the public as being actively engaged in the real estate business? Yes No

I have maintained an office since _____ or I have been associated with _____
since _____.

Have you held, or do you hold membership in another Board/Association of REALTORS®? Yes No If yes, list name _____.

Have you ever been refused membership in any other Board/Association of REALTORS®?
 Yes No If yes, why?_____.

Please list any professional real estate designations you hold: _____

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

Have you appeared before any real estate licensing authority, within the past three years, in defense of an alleged violation of license law? (If yes, state the approximate date, city and state the disposition of the matter using a separate attached statement.) Yes No

Has your real estate license, in this or any other state, been suspended or revoked? (If "yes", on a separate attachment specify the place(s) and date(s) of such action, and detail the circumstances relating thereto) Yes No

Is there any record of official sanctions involving unprofessional conduct against you within the last three (3) years? (If "yes", please explain on a separate attachment) Yes No

Have you been found to have violated the REALTOR Code of Ethics by any Real Estate Board/Association within the past three (3) years? (If yes, state circumstances in each instance on a separate attached statement) Yes No

Are there now any pending or unresolved complaints, or have there been within the past three years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government? (If "yes", on a separate attachment specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint) Yes No

Have you ever been convicted of a felony (If so, give details on a separate sheet of paper)? Yes No

List all licensed persons (salespeople, brokers or appraisers) associated with your firm (use attached Certification of Licensee Form).

State the names and titles of all other principals, partners, or corporate officers of your firm.

_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)

Is the Office Address, as stated in Section I, your principal place of business? Yes No

List the name and addresses of all branch offices or other real estate firms in which you are a principal, partner or corporate officer:

_____	_____
(Name)	(Address)

_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)

Name of institution(s) in which you maintain your escrow or trustee account (if held by a third party please indicate):

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? (If yes, on a separate attachment please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto) Yes No

NOTE: If the answer to the previous question is yes applicant acknowledges that the Association may require as a condition of membership that the bankrupt applicant pay cash in advance for Association MLS fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

In the event my application is approved, I agree to complete the orientation course of the Capital Area REALTORS® and to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitutions, Bylaws and Rules and Regulations of the Capital Area REALTORS®, the Illinois Association of REALTORS®, and the National Association of REALTORS®, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. 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, and rules and regulations and duty to arbitrate all, as from time to time amended. Finally, I consent that and authorize the Association, through its membership committee or otherwise to invite and receive information and comment about me from and member or other person, and I agree that any information and comment furnished in response to any such 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.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon the applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition a new membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Orientation Policy. The orientation course is a one and a half-day session held once every quarter (typically in January, April, July and October). You must successfully complete this course or you will NOT qualify for REALTOR® membership. Completion of the orientation course must take place within the first two scheduled orientation programs offered after your application has been approved by the Board of Directors. Individuals failing to complete the orientation course within the required time-frame will be dropped from membership. All dues and application fees are non-refundable. To rejoin at a later date would require submission of a newly completed application and payment of all applicable dues and fees. It is the applicant's responsibility to inquire about the dates and times of orientation.

I certify that in signing this application all information provided is true and correct and I authorize the Association through its representatives to make such investigation as may be considered necessary to verify the statements herein made by me. I further grant my permission for the Association to obtain a credit report prior to my appointment to membership and this shall not form the basis of any action by me for liable, slander or defamation of character. I agree to pay the established fees as are due and payable on or before December 1, as long as I remain a member of this Association.

The below undersigned applicant understands that by providing the association with the applicant's mailing address(es), email address(es), telephone number(s), and fax number(s), applicant consents to receive communications, advertisements and solicitations sent by or on behalf of the Capital Area REALTORS®, its subsidiaries and affiliates, namely the Illinois Association of REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s) provided.

I understand the requirement and agree to attend one of the next two orientation programs offered which may include successful completion of a non-discriminatory written examination as a prerequisite to my consideration for membership.

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, may be grounds for revocation of my membership if granted.

Dated _____

Signed _____
(Designated REALTOR® Applicant)

2017 Orientation Dates (Tentative):

February 15 (1:00-5:00 pm) & 16 (8:30 am - 5:00 pm)

July 19 (1:00-5:00 pm) & 20 (8:30 am - 5:00 pm)

October 19 (1:00-5:00 pm) & 20 (8:30 am - 5:00 pm)

CERTIFICATION OF LICENSEE FORM

MLS Office # _____

Office Name _____

Office Address _____ Office Phone# _____

Principals Partners, or Corporation Officers Only

Name/Title

License #

Unlicensed Office Personnel Only (i.e. Administrative Assistants, etc.)

Name/Title

List all Licensed Personnel (i.e., salespeople, brokers, appraisers) FULL OR PART TIME
Please list in alphabetical order.

Name

License #

I do hereby certified that this list is an accurate and complete roster of ALL PERSONS LICENSED IN THIS OFFICE.

Designated REALTOR'S® Signature

Date

AFFIDAVIT OF ORGANIZATION

PARTNERSHIP

(Name)

(Date)

STATES THAT HE/SHE IS A MEMBER OF THE _____

(Company Name)

A CO-PARTNERSHIP ENGAGED IN THE BUSINESS.

HE/SHE FURTHER STATES THAT THE FOLLOWING NAMED PERSONS ARE MEMBERS OF SAID PARTNERSHIPS:

AND FURTHER STATES THAT THE FOLLOWING NAMED PERSONS HOLD LICENSE AND ACTIVELY PARTICIPATE IN THE BUSINESS OF SUCH PARTNERSHIP:

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____.

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

AFFIDAVIT OF ORGANIZATION

LIMITED LIABILITY CORPORATION (LLC)

(Name)

(Date)

STATES THAT HE/SHE IS THE PRESIDENT OF THE _____
(Company Name)

A LIMITED LIABILITY CORPORATION DULY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF ILLINOIS.

HE/SHE FURTHER STATES THAT THE FOLLOWING NAMED PERSONS ARE THE OFFICERS, PRINCIPALS, PARTNERS AND/OR TRUSTEES OF SAID CORPORATION.

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

PRINCIPAL _____

PARTNER _____

TRUSTEE _____

OTHER _____

AND FURTHER STATES THAT THE FOLLOWING NAMED PERSONS HOLD BROKER/APPRAISER LICENSE(S) AND ACTIVELY PARTICIPATE IN THE BUSINESS OF SUCH CORPORATION:

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____. _____

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

AFFIDAVIT OF ORGANIZATION

CORPORATE

(Name)

(Date)

STATES THAT HE/SHE IS THE PRESIDENT OF THE _____
(Company Name)

A CORPORATION DULY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF ILLINOIS.

HE/SHE FURTHER STATES THAT THE FOLLOWING NAMED PERSONS ARE THE OFFICERS, PRINCIPLES,
PARTNERS AND/OR TRUSTEES OF SAID CORPORATION.

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

PRINCIPAL _____

PARTNER _____

TRUSTEE _____

OTHER _____

AND FURTHER STATES THAT THE FOLLOWING NAMED PERSONS HOLD BROKER/APPRaiser LICENSE(S)
AND ACTIVELY PARTICIPATE IN THE BUSINESS OF SUCH CORPORATION:

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____.

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

AFFIDAVIT OF ORGANIZATION

SOLE OWNERSHIP

(Name)

(Date)

STATES THAT HE/SHE IS THE SOLE OWNER OF THE BUSINESS KNOWN AS:

AND THAT NO OTHER PERSON, OR PERSONS, HAVE AN INTEREST IN SAID BUSINESS

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____.

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

Multiple Listing Service Activation Form

PASSWORD _____
(4 digits only)

Home Phone No. _____

Please begin my MLS services:

Effective _____
(Date)

Signature of MLS Member
(Designated REALTOR®/Managing Broker)

Capital Area REALTORS®

Multiple Listing Service Affidavit

As an active member in good standing of the Capital Area REALTORS®, Inc., I hereby elect to become a member of the Capital Area Multiple Listing Service and herewith enclose \$1000.00 as payment of my application fee.

I also agree to abide by the Rules & Regulations that are established by the Capital Area Multiple Listing Service, as from time to time amended.

(Signature) _____
(Date)

(Company Name)

(Address) (City) (Zip)

(Office Phone) _____
(Home Phone)

Real Property Internet Advertising Authorization Form

On this _____ day of _____, 20____, as the Designated REALTOR® of _____ (Brokerage Company) I hereby authorize the Capital Area REALTORS® through its Multiple Listing Service (MLS) to place on the internet, in the form of advertising, certain limited information* pertaining to all of my company's property listings placed in the Multiple Listing Service.

This is being offered "FREE" as a service of the Capital Area Multiple Listing Service. You retain the right to withdraw from this program at any time.

By: _____

Title: _____
(MLS Participant)

*This information will NOT include private telephone numbers, security codes, owner names or private comment fields that relate to a property.