



REALTOR® Membership Fee Information

ASSOCIATION FEES:

□ Membership Application Fee: \$600.00 (due upon application)

□ Annual Membership Dues:

[The following includes the annual dues (local, state & nat'l) through 2022. Illinois REALTORS's additional \$85 mandatory assessment for the Illinois RVOICE Initiative (\$35 allocated to the RVOICE PAF Initiative). National's includes a \$35 mandatory assessment for Consumer Advertising Campaign. 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	180.00	161.33	146.67	132.00	117.33	102.67	88.00	73.33	58.67	44.00	29.33	14.67
State	278.00	261.92	245.83	229.75	213.67	197.58	181.50	165.42	149.33	133.25	117.17	101.08
National	185.00	172.50	160.00	147.50	135.00	122.50	110.00	97.50	85.00	72.50	60.00	47.50
*RPAC	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
**IR Charity	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Total Due	\$688.00	\$640.75	\$597.50	\$554.25	\$511.00	\$467.75	\$424.50	\$381.25	\$338.00	\$294.75	\$251.50	\$208.25

***RPAC:** Fighting for YOU - The REALTORS® Political Action Committee (RPAC) collects voluntary investments from members and uses those funds in a bipartisan manner to support pro-REALTOR® candidates for public office who help ILLINOIS REALTORS® win the fight on public policy issues affecting your business, including private property rights, government regulation of the industry, and taxes and fees affecting real estate. 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 websitewww.elections.il.gov or for purchase from the State Board of Elections, Springfield, Illinois. Except as may be required by state or federal law, the Illinois REALTORS® PAC (Illinois RPAC) is not required to refund political contributions. However, refund request will be considered on a case-by-case basis so long as they are received within 30 days of the contribution.

**Assist your REALTOR® community with a voluntary contribution to IRRF which can help individuals living in the state's communities which have been affected by natural disasters. IRRF is developed solely for the purpose of helping neighbors and clients in a time of need

MULTIPLE LISTING SERVICE (MLS) FEES: (Applicable to MLS member offices):

Ш	Security Fee:	\$60.00 (Due with Application)
	Monthly MLS User Fee:	\$60.00 (Quarterly payment due with Application)
	Monthly ShowingTime User Fee:	\$13.25 (Quarterly payment due with Application)
	SentriLock Setup Fee:	\$40.00 (Due with Application)
	Monthly SentriLock Fee:	\$18.00 (Quarterly payment due with Application)
	Please make your checks	s payable to: Capital Area REALTORS® or CAR
	🗆 Visa	□ MasterCard □ Check #
Exp	. Date Name:	Signature:
	Amount \$	Date//
I	f you have any questions concernin	ng this application please call Jennifer Kennedy at 217-698-7000.





3149 Robbins Road • Springfield, IL 62704 • Phone 217-698-7000 • Fax 217-698-7009

Application for REALTOR® Membership

I hereby apply for REALTOR® membership with the Capital Area REALTORS®. Enclosed is my NON-REFUNDABLE application fee of \$600.00. Also, enclosed is my prorated NON-REFUNDABLE annual membership dues of \$ ______.

SECTION I

Name of applicant			Date	of Birth
Name as you want it	to appear on ro	oster		
Name of firm				Office #
Position with firm:		 Principal Office Manager Other 		Corporate Officer Independent Contractor (If "other" explain)
Office Address				Off. Phone#
	(Street)	(Town)	(Zip)	
Home Address				Home Phone#
	(Street)	(Town)	(Zip)	
Cellular Phone#		Main C	Contact Phone# to list in	MLS
E-Mail Address				
License Number:			□ Broker□ Managing Broker□ Other	 □ Licensed Appraiser □ Certified Residential Appraiser □ Certified General Appraiser
		nbership in another Boar		TORS®? □ Yes □ No
Have you ever been	refused membe	rship in another Board/A	association of REALTO	RS®? □ Yes □ No
Please list any profes	ssional real esta	te designation(s) you he	old:	
How long have you	been associated	with your office?		
The below understand	ad annihoart	douaton da that has a seried	ling the according	the amplicant's mailing address(as) amai

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 REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s) provided.

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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 any 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 any subsequent 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. It is the applicant's responsibility to inquire about the dates and times of orientation. 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. To rejoin at a later date you would be required to submit a newly completed application and payment of all applicable dues and fees.

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, due on or before December 1 of each year, as long as I remain a member of this Association.

I understand the orientation 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 acceptance to membership.

Dated: _____, 20 ____ Signed: _____

(Applicant)

Only applicants for REALTOR® membership who are principals, partners, corporate officers, or individuals in positions of management control on behalf of individuals who are not physically present and engaged in the real estate profession in connection with the firm's office located within the jurisdiction of the Association (e.g., branch office managers) must complete Section II. [ALL OTHER APPLICANTS SHOULD PROCEED TO SECTION III]

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SECTION II

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? \Box Yes \Box 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). \Box Yes \Box 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.

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SECTION III

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:
 ______, 20 _____
 Signed:
 ______(Applicant)

I hereby certify that named applicant for membership is an employee or independent contractor actively engaged in real estate within my office and I recommend that the Association elect said applicant to membership.

Dated: _____, 20 ____ Signed _____

(MANAGING BROKER)

2022 Orientation Dates (Tentative):

February 24 (1:00-5:00 pm) & 25 (8:30 am - 5:00 pm) July 20 (1:00-5:00 pm) & 21 (8:30 am - 5:00 pm) October 19 (1:00-5:00 pm) & 20 (8:30 am - 5:00 pm)

Multiple Listing Service Activation Form

PASSWORD ______ (4 digits - numbers only)

Home Phone No.

TO MLS MANAGER:

Please begin MLS services for

Effective _____

(Date)

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