



WHITE MOUNTAIN
ASSOCIATION OF REALTORS®

3320 Kay Road

Lakeside, AZ 85929

928-537-1107 phone | 928-537-3788 fax

wmr@wmaronline.com email

www.wmaronline.com website

OFFICE & BROKER PRIMARY MEMBERSHIP APPLICATION CHECKLIST

*To help ensure your application is processed as quickly as possible, please complete and/or attach **ALL** applicable items with your application.*

- ☐ All signature and initial lines are filled in and dated, where applicable, on all pages of the application
- ☐ Your User ID must be 6-9 characters in length and must be alpha-numeric. No symbols or punctuation marks.
- ☐ Your email address is complete, correct, and legible
- ☐ Your Broker has signed and dated the application where indicated.
- ☐ If a branch manager is signing on behalf of the Broker, a letter authorizing the signing on behalf of the Broker must be included.
- ☐ If you answered YES to any of the 5 questions on page three **, a letter of explanation must be included.
- ☐ A copy of your current **AZ Real Estate Entity License CERTIFICATE** (You may log in and print your certificate from here: <https://azre.gov/persona/licensees>)
- ☐ A copy of your current **AZ Real Estate License CERTIFICATE** (You may log in and print your certificate from here: <https://azre.gov/persona/licensees>)
- ☐ A copy of your valid **Photo ID**. (Front and back.)
- ☐ A copy of a current **Code of Ethics CERTIFICATE** dated within the past 3 years. *Note: If you are newly licensed, you may submit a copy of a current Code of Ethics Certificate after your membership has been processed, but before you attend New Member Orientation.*

Your membership application will be processed within **48 hours*** upon receipt of a **COMPLETE** application packet.

*excluding weekends and holidays.

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OFFICE & BROKER PRIMARY MEMBERSHIP APPLICATION

PLEASE PRINT/COMPLETE ALL FIELDS, IF NOT APPLICABLE, PLEASE USE N/A

Broker Name: _____
Last First MI (Nickname)

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone Cell Phone Email Address Website Address

wmar. _____ Birthdate: _____
REQUESTED FLEX MLS USER ID mm/dd/yy

Have you previously held a WMAR Membership? ☐ Yes ☐ No

Office: _____
Company Name Office Phone # Fax

Physical Address: _____
Street City State Zip

Broker Real Estate License # _____

Office Real Estate License # _____

I am applying for:

- ☐ **Office Primary Membership (REQUIRED)**
\$575 Annual WMAR Office Dues
- ☐ **Office MLS Subscription (REQUIRED)**
\$120 Annual MLS Subscription + \$250 One-time Set-up Fee
- ☐ **Individual Broker Primary Membership (REQUIRED)**
\$228 Annual WMAR Dues \$175 Annual AAR Dues + \$195 Annual NAR Dues + \$350 One-time Application Fee
- ☐ **Individual MLS Subscription**
\$120 Annual MLS Subscription + \$150 One-time Set-up Fee
- ☐ **SUPRA Key**
\$50 One-Time Set-up Fee + \$17.47 a month (Directly to SUPRA)

Brokers Individual NRDS #: _____ Office NRDS #: _____

PRIMARY Field of Business: _____ PRIMARY Board: _____

Acronym

Has this office previously held a WMAR Membership? ☐ Yes ☐ No

Does this office hold a WMAR Membership? ☐ Yes ☐ No

Position with company: ☐ Owner ☐ Designated Broker/Owner ☐ Designated Broker

Please check any designations that you hold: ☐ ALC ☐ CPM ☐ ARM ☐ CCIM ☐ CIPS ☐ CRB ☐ CRE ☐ CRS

☐ GAA ☐ GRI ☐ LTG ☐ RAA ☐ SIOR ☐ OTHER _____

Email address for online billing: _____

I affirm that I will (or will be) actively endeavoring to list real property and accept (or will accept) offers of cooperation and

Compensation from other Participants in the MLS? ☐ Yes ☐ No **Applicant's Initials:** _____

****This section must be completed by all applicants. If the answer is yes to any of the following questions, please provide an appropriate explanation on a separate sheet of paper and attach it to this application:**

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you hold, or have you ever held, a real estate license in any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your real estate license in this or any other state ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your membership in another real estate Association ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are there now, any pending or unresolved complaints, or have there been within the past 3 years against you with any real estate Association or any state/federal regulatory agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please read the following:

With this application, I hereby apply for membership in the White Mountain Association of REALTORS®. In the event my application is not accepted, I understand I will be refunded any monies paid,

*****As further condition of membership, I agree to complete the WMAR New Member Orientation class within 60 days of my application date. Failure to attend will result in the termination of my membership and forfeiture of all dues and fees paid. Applicant's Initials:** _____

I further agree to 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 this Association and the *Bylaws*, *Policy Statements* and *MLS Rules & Regulations* of the White Mountain Association of REALTORS®, the Arizona Association of REALTORS®, and the National Association of REALTORS®.

I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned *Code of Ethics*, *Bylaws*, *Policy Statements*, *MLS Rules & Regulations*, and duty to arbitrate; all as from time-to-time may be amended. Finally, I consent and authorize the White Mountain Association of REALTORS® to invite and receive information and comment about me from any Member, or other person or Association. I further agree that any information furnished to the Association in response to any such invitation shall be conclusively deemed to be privileged and will 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 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 renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

NOTE: Dues payments to the White Mountain Association of REALTORS® are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. The White Mountain Association of REALTORS® does not prorate its annual dues. Per the Association Bylaws, once membership is accepted, all dues are non-refundable. All White Mountain Association of REALTORS® membership re-applications are subject to re-payment of dues and application fees.

I certify the information supplied on this application is correct and that I have read and accept all the conditions of application described above. I also agree that if accepted for membership, I shall pay the dues and fees as from time-to- time established.

Applicant's Printed Name:_____

Applicant's Signature: _____**Date:** _____

Broker's Printed Name:_____

Broker's Signature:_____**Date:**_____



CREDIT / DEBIT CARD MEMBERSHIP PAYMENT AUTHORIZATION

**** If paying by check, please attach check to application****

DATE: _____

NRDS #: _____

CIRCLE CARD TYPE:

VISA AMERICAN EXPRESS MASTERCARD DISCOVER

NAME AS IT APPEARS ON CARD

CREDIT / DEBIT CARD NUMBER

EXPIRATION DATE

CVS Code

AMOUNT APPROVED \$: _____

NEED RECEIPT? ☐ YES ☐ NO

EMAIL ADDRESS *(if different from application):* _____

(Office Use Only) _____