

**APPLICATION FOR *REALTOR* MEMBERSHIP  
GREATER FORT WORTH ASSOCIATION OF REALTORS**

**SECTION I (Must be completed by all applicants)**

Name: \_\_\_\_\_ M\_\_\_ F\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Preferred Fax Number: \_\_\_ Home \_\_\_ Office

Preferred Phone Number: \_\_\_ Home \_\_\_ Office \_\_\_ Cell/Pager

Number to be published in Membership Directory: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Preferred Mail: TAR/NAR & Association Mailings - \_\_\_ Home \_\_\_ Office

Preferred Mailing Publications/Magazines - \_\_\_ Home \_\_\_ Office

Preferred Newsletter Method - \_\_\_ By Email \_\_\_ By Mail

Are you currently a member of another REALTOR Association/Board or have you held membership in another REALTOR Association/Board within the past three years? \_\_\_\_\_

If "yes," list each REALTOR Association/Board where membership was held and approximate dates of membership:

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I hereby apply for REALTOR (primary or secondary) membership in GFWAR and understand that my application fees will be returned to me in the event I am not accepted to membership. (Note: Dues payments to GFWAR are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.) In the event my application is approved, I agree as a condition to membership to complete the Orientation Course of GFWAR, if any, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS (NAR), including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the GFWAR and the constitution, bylaws, and rules and regulations of GFWAR, TAR and NAR. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, constitution, bylaws, rules and regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent 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 to the Association by any member or other person 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 GFWAR will maintain a membership file of information which may be shared with other Boards/Associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to GFWAR or its MLS.

Applicant further acknowledges that if accepted as a member and he/she subsequently resigns from GFWAR 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 it terminated, provided the dispute arose while applicant was a REALTOR.

I hereby submit the following information for your consideration:

Name as shown on TREC/TALCB license: \_\_\_\_\_

Preferred Name to appear on roster: \_\_\_\_\_

License #: \_\_\_\_\_ Type: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Position with Firm:  Principal  Partner  Corporate Officer  Branch Office Mgr.  
 Employee  Independent Contractor  Other

I agree that, if accepted for membership in GFWAR, I will pay the fees and dues as from time to time established.

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

## SECTION II

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.

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

**SECTION III** Information in this section is not required, however, it will assist GFWAR in establishing historical data regarding its members. Information furnished under this section will not be used in an applicant's qualifications for membership. GFWAR encourages persons of all racial and ethnic groups, both sexes, with and without disabilities, and individuals otherwise protected from discrimination by the Fair Housing Act, to participate at all levels within the REALTOR Association.

First entered real estate business on \_\_\_\_\_ at \_\_\_\_\_  
Date City, State

Have you been engaged continuously in the business since then? \_\_\_\_\_

How many years have you been active in the real estate profession?

\_\_\_\_\_ Salesperson \_\_\_\_\_ Broker \_\_\_\_\_ Other

In what phase of real estate do you specialize? \_\_\_\_\_

Are you now employed by or engaged in any other business or profession? \_\_\_\_\_

If "yes," what? \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_ If "yes", which one(s)?

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#### SECTION IV – MULTIPLE LISTING SERVICE

Agent Phone (will appear in MLS on listings **in addition** to office phone) \_\_\_\_\_

Do you wish to obtain access to the Supra Electronic Lockbox system? Yes No  
(If "Yes," you will be required to complete a lease agreement with Supra and pay additional fees accordingly.)

Are you transferring here from an office that obtained their MLS service through another REALTOR Association/Board? If "yes," please list below:

Name of Association/Board \_\_\_\_\_

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 MLS Services. ***A copy of my Texas Real Estate License is attached.*** I further agree to abide by the Rules and Regulations of the North Texas Real Estate Information System (NTREIS), as amended from time to time, a copy of which I am receiving today.

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

*Updated January 10, 2017*

GFWAR USE ONLY:

Total Amount Paid \_\_\_\_\_ Check #/Credit Card/Cash: \_\_\_\_\_

Application Fee \_\_\_\_\_

REALTOR Dues \_\_\_\_\_

MLS \_\_\_\_\_ Which quarter? \_\_\_\_\_

Supra Administration Fee \_\_\_\_\_

MLS Office Application Fee \_\_\_\_\_ (If applicable)

Date posted in iMIS \_\_\_\_\_ Initials \_\_\_\_\_