

APPLICATION FOR MEMBERSHIP  
 DURHAM REGIONAL ASSOCIATION OF REALTORS®  
 4236 UNIVERSITY DRIVE  
 DURHAM, NORTH CAROLINA 27707  
 (919) 403-2117 FAX (919) 403-2021  
 Membership Coordinator: Susan Hinson

Ms./Mrs./Mr.: \_\_\_\_\_ Nickname: \_\_\_\_\_

Type Membership:  Affiliate  Associate

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

Are you actively engaged in real estate brokerage (selling and listing of real property)?  YES  NO  
 Do you hold an active real estate or appraiser license?  YES  NO

I hereby apply for Membership in the Durham Regional Association of REALTORS®, enclosing my check for initiation fees in the amount of \$275.00 which is to be returned to me in the event of non-election. In the event of my election, I agree that I am in sympathy with the purposes and ideals of the association and that I will abide by the Constitutions and Bylaws and Rules and Regulations of the Durham Association of REALTORS®. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any Member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the 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. I irrevocably waive all claims against the Association or any of its Officers, Directors, or Members, for any act in connection with the business of the Association and particularly as to its or their act in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an Applicant, or as a Member.

**Only a person holding active REALTOR® Membership is entitled to use the term REALTOR® or to wear or display the REALTOR® symbol.**

I hereby submit information for your consideration:

Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Voice Mail: \_\_\_\_\_  
Address City State Zip

Type of Business:  Accountant  Government Agency  Mortgage Lender  
 Advertiser  Home Inspection  Technology Provider  
 Attorney  Insurance Company  Title Company  
 Other (please specify): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address City State Zip

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

Preferred Mailing Address (check one): Office: \_\_\_\_\_ Home: \_\_\_\_\_

Give brief résumé of Past 5 years of employment:

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Membership in Professional Societies, Fraternal Orders, Social Organizations, Civic Organizations, Political Offices, etc.:

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Have you ever held Membership in any REALTOR® Association? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Name and Location) (Date) (Date)

Did you leave in good standing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now employed or engaged in any other business or profession? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please give position & location: \_\_\_\_\_

Have you ever been convicted of a criminal offense other than minor traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please give details: \_\_\_\_\_

I agree to pay the established dues (billed annually) as long as I am a member. Initiation fee of \$275.00. This Initiation Fee shall become Property of the Association upon final approval of the application. Dues payments to the Durham Regional 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 portion of annual dues designated for lobbying expense is not allowable as a tax deduction. ALL FEES AND DUES ARE NON-REFUNDABLE.

By my signature, I certify that all statements herein are true and accurate, to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant