

# UCAR Membership Form



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|---|---|---|
| <input type="checkbox"/> New Member       | <input type="checkbox"/> Secondary Membership | <input type="checkbox"/> Change Contact Information |
| <input type="checkbox"/> Transfer Offices | <input type="checkbox"/> Inactivate           | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Reactivate       | <input type="checkbox"/> New Appraiser        |   |

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Send mail to (circle one): Home or Office

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Real Estate License #: \_\_\_\_\_ Expiration Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Have you ever been a member of a REALTOR® association? Y / N If yes, which board: \_\_\_\_\_

Have you been refused membership by another REALTOR® association? Y / N If yes, explain: \_\_\_\_\_

Has your real estate license ever been suspended? Y / N If yes, explain: \_\_\_\_\_

## New & Reactivating Members

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

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

## Transferring Offices

Old Office: \_\_\_\_\_

New Office: \_\_\_\_\_

New Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terminations

Terminating Office: \_\_\_\_\_

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

### \*\* NEW MEMBERS ONLY \*\*

I, the undersigned, hereby agree as a condition to membership to complete the Code of Ethics and New Member Orientation classes within 60 days of joining UCAR. I realize that I am subject to a \$100 fine and suspension if I do not attend the classes within the designated timeframe. In the class, I will thoroughly familiarize myself with and follow the Code of Ethics of the National Association of REALTORS® (NAR) of which I am now a member. I agree 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 Association. I also authorize UCAR to contact me by email, fax, and cell phone, and I will notify them immediately of any contact information changes.

### Code of Ethics

Date attending course: \_\_\_\_\_

### Professionalism in Real Estate (New Member Orientation)

Date attending course: \_\_\_\_\_

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

### Select committees to attend:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Government Affairs Committee</li><li>• Realtor Political Action Committee</li><li>• Social Committee</li></ul> | <ul style="list-style-type: none"><li>• Technology Committee</li><li>• Community Involvement Committee</li><li>• Affiliate Committee</li></ul> |
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### UCAR Office Use Only

Received By: \_\_\_\_\_ Recorded in RAMCO: \_\_\_\_\_ Fees: \$ \_\_\_\_\_ Fee Received: Yes/No NAR ID: \_\_\_\_\_