

UCAR Membership Form



- New Member
- Transfer Offices
- Reactivate
- Secondary Membership
- Inactivate
- New Appraiser
- Change Contact Information
- Other: _____

Name: _____ Birth Date: ____/____/____ Gender: M/ F

Home Address: _____ City: _____

State: _____ Zip Code: _____ Send mail to: 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:

- Government Affairs Committee
- Realtor Political Action Committee
- Social Committee
- Technology Committee
- Community Involvement Committee
- Affiliate Committee

UCAR Office Use Only

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