



St. Louis Association of REALTORS®
12777 Olive Blvd., St. Louis, MO 63141-2610
Office (314) 576-0033 Fax (314) 576-7143

MEMBERSHIP APPLICATION

All addresses are to be the office from which the member works.
Give complete name as licensed with the Missouri Real Estate Commission

PERSONAL INFORMATION

PLEASE PRINT OR TYPE

First Name: _____ MI _____ Last Name _____

Nick Name: _____ Date of Birth: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cellular/Mobile: _____ License # _____

E-mail: _____ Web Site: _____

License Type (check box): Salesperson Broker Salesperson

Were you previously a member of this or any other Realtor® Association? Yes No

If so, of what board were you a member? _____

Are you transferring from another Board? Yes No

If so, of what board were you a member? _____

If so do you have a SUPRA KEY through the board Yes No _____
CARD# PIN#

FIRM INFORMATION

Firm Name: _____

Firm Address: _____ City: _____ State: _____ Zip: _____

Please indicate the division to which you belong:

Residential Commercial

Within the past three years have you been:

- Yes No Adjudged in violation of any civil rights law, Federal, State or Local.
- Yes No Disciplined by the Missouri Real Estate Commission or any other body in another state with similar responsibilities.
- Yes No Adjudged in violation of any other laws prohibiting unprofessional conduct rendered by the courts or any other lawful authorities
- Yes No Suspended or expelled by any other REALTOR® Board or Association.
- Yes No Denied or refused membership in any other REALTOR® Board or Association.
- Yes No Have you ever been found in violation of the Code of Ethics, or is there an unsatisfied discipline pending, a pending arbitration request or unpaid arbitration award/financial obligation to any other Association or Association MLS?

If yes, state basis for each such violation and detail the circumstances related thereto: _____

Please Note: Application Fees/Dues are Non-Refundable



I agree as a condition of membership to attend the New Orientation and Ethics Courses of the above named association within sixty (60) days. I also agree to thoroughly 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 the Association and the Constitutions, Bylaws, Rules and Regulations of the Association, the State Association and the National Association. I further agree that my act of paying dues shall be evidence of my initial and continuing agreement to abide by the aforementioned Code of Ethics, Constitutions, Bylaws and Rules and Regulations, Code of Fair Housing and duty to Arbitrate, all as from time to time amended. I further irrevocably waive all claims against said Association, particularly as to its, or their, acts of electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon the expiration of said membership for any cause, I will discontinue to use the term "REALTOR®" and/or "REALTOR-ASSOCIATE®".

IMPORTANT NOTICE

Dues payments are not deductible as charitable contributions for federal income tax purposes; however, dues may be deducted as an ordinary business expense. The estimated non-deductible portion of your dues – that portion which is allocated to lobbying - is as follows: Local Assessment (3%), MAR assessment (Designated REALTORS® \$54.00 or 30% of \$180.00 which is the MAR Assessment less the IMPAC portion of \$40.00 or REALTORS®/REALTOR® Associates \$49.50 or 30% of \$165.00 which is the MAR Assessment less the IMPAC portion of \$40.00), National Assessment (\$44.00 or 36% of \$120.00 which is the National Assessment less the public awareness portion of \$35.00) - the Public Awareness portion of \$35.00 is fully deductible.

"MEMBERSHIP IN THE ASSOCIATION REQUIRES THE APPLICANT TO SUBMIT DISPUTES TO BINDING ARBITRATION, WHICH MAY BE ENFORCED BY OTHER MEMBERS"

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Applicant Signature: _____ Date: _____

2016 New Member Orientation Registration Form and Schedule

Welcome to the St. Louis Association of REALTORS®. We wish you much success in your real estate career. If at any time we may be of service to you, please do not hesitate to call our office. According to the Bylaws of the St. Louis Association of REALTORS®, **all new members must complete TWO orientation classes within 60 days** of joining the St. Louis Association. Both orientation classes will be valuable resources as you begin your career in real estate.

Orientation Class Benefits:

Review membership benefits, privileges and obligation – Explanation of REALTOR® Code of Ethics – Review of Fair Housing regulations – Information on Association committees and events – Provide contacts of local, state and national Associations

Important Information:

Both orientation classes are FREE of charge within the first sixty (60) days of joining the association. After the sixty (60) day period, there is a \$25.00 fee for each orientation class. To avoid suspension of your services (Supra, MLS and Online Forms) and paying the \$25.00 fee per class, schedule and complete the orientation classes within 60 days of joining the St. Louis Association of REALTORS®.

All cancellations or transfers must also be done in writing by fax to the association. The Ethics Orientation must be taken online at www.REALTOR.org. The New Member Orientation must be taken in a live instructor-led class.

Registration & Cancellation Policy

Registrations received without payment will not be processed. Cancellation or rescheduling of class must be received in writing 24 hours in advance of the class in order to receive a refund or to reschedule to another class. NO refunds or transfer of payments will be granted for canceling the day of the class, failing to show for class or arriving late to the class.

<i>Class</i>	<i>Instructor</i>	<i>Day</i>	<i>Date</i>	<i>Time</i>
New Member Orientation	Staff	Friday	May 13, 2016	1pm – 4pm
New Member Orientation	Staff	Friday	June 10, 2016	1pm – 4pm
New Member Orientation	Staff	Friday	July 8, 2016	1pm – 4pm

*The Ethics orientation class will also satisfy the National Association of REALTORS® (NAR) quadrennial requirement

Please print information below:

Name: _____ License # _____

Phone Number: _____ Email Address: _____

By signing, I agree that I understand I must take these classes within **60 days of joining**: _____
(signature)

I will take the NAR Ethics Orientation online and the New Mew Member Orientation no later than:

Ethics Orientation: _____ (by date) **New Member Orientation:** _____ (date, see schedule above)

Check appropriate box below:

- I am **within my 60 day deadline** for New Member orientation. No charge for this class.
 I am **past my 60 day deadline** for New Member orientation. \$25.00 fee enclosed.

Total payment enclosed: _____ Enclosed check made payable to SLAR.

Credit Card Payment: Credit Card # (Visa-MC-AmEx-Disc.) _____ Exp. Date: _____

Cardholder Signature: _____

Classes are held in classrooms (lower level) at the St. Louis Association of REALTORS® • 12777 Olive Blvd. • St. Louis, MO 63141
Phone 314.275.7888 • Fax 314.576.7143



ST. LOUIS ASSOCIATION OF REALTORS®

12777 Olive Boulevard
St. Louis, MO 63141
PH: 314-576-0033
Fax: 314-576-7143

Credit Card Payment Form

I _____ **hereby**

authorize SLAR to

charge my VISA/MC/AMEX/DISC in the amount of \$_____.
(circle One)

(Card Number) **(Expiration Date)**

(Member Signature) **(Date)**

**Mid America Regional Information Systems, Inc. (MARIS)
 1714 Deer Tracks Trail, Suite 200
 St. Louis, MO 63131
 Ph: 314.984.9111 Fax: 314.984.8848**

New MLS Member Application

Name _____
 (As shown on license)

Office Name _____ Office MLS ID _____

E-mail Address: _____ (REQUIRED)

MARIS will email new member ID and password information to the email address provided.

Contact Phone Numbers:

_____ **PRIMARY (REQUIRED)** _____ **SECONDARY** _____ **OTHER**

1. **YES** **NO** Does the office that holds your license want you to work as an office assistant ONLY?
 (Will not be selling, listing or showing property, only assisting entire office agents/staff)
2. **YES** **NO** Will you primarily be personally assisting an agent or team within the office that holds your license?
(If 1 or 2 checked 'YES' inform member to contact MLS Membership staff for further assistance.)

MLS New Member Fee

MLS membership requires all licensed agents and state certified appraisers to pay a \$50.00 New Member Fee. For prior members, if you have been terminated from MLS for more than 30 days, you are required to pay the new member fee.

MLS Membership Quarterly Fees

MLS quarterly fees are \$60.00 per quarter for each active agent/appraiser. When signing up you will either be charged the full quarterly amount of \$60.00 or a prorated amount to be determined by association staff according to the MLS Fees Proration Chart. MLS fees are billed ahead of the quarter.

Breakdown of MLS Quarterly Fees Invoice Billing (Invoice email dates – first business day.)

<u>Quarter</u>	<u>Months Covered</u>	<u>Invoices Emailed</u>	<u>Due Date</u>	Late Fee	Reconnection Fee
				<u>31-45 days overdue</u>	<u>45+ days overdue</u>
1 st	Jan-Mar	December 1	30 days from invoice date	\$5.00	\$20.00
2 nd	Apr-Jun	March 1	30 days from invoice date	\$5.00	\$20.00
3 rd	Jul-Sep	June 1	30 days from invoice date	\$5.00	\$20.00
4 th	Oct-Dec	September 1	30 days from invoice date	\$5.00	\$20.00

Total New Member MLS Charges

New Member Fee \$ 50.00 Quarterly Prorated Fees \$ _____

Total MLS Amount Due \$ _____ (Please make checks/money orders payable to MARIS)

CC# _____ EXP DATE _____
 (AMEX, MasterCard, Visa, Discover)

My signature below acknowledges that I am authorizing MARIS to charge my card the above specified MLS membership fees amount. If there are any discrepancies I understand that I am to contact MARIS directly for further explanation.

_____ **Applicant Signature** _____ **Date**

AUTO PAYMENT OPTION - check box and sign below: I hereby authorize MARIS to charge the above credit card each quarter for my MLS member fees, until further written notice by me. I understand that it is my responsibility to notify MARIS of any change to my charge card, i.e., expiration date, charge card type, etc.

_____ **Applicant Signature** _____ **Date**