

Fully complete and submit this form to apply for FIRM REALTOR® membership with WAAR (Sections I & II) and/or FIRM Participation with WMLS* (Sections I & III). A copy of your current real estate license and a copy of your current real estate firm license must be submitted at time of application.

***NOTE: All licensees assigned to the firm must also subscribe to the WMLS OR complete and return an Application for Waiver of WMLS Subscription Fees (Addendum A).**

SECTION I: Firm Information – Must be completed

Firm/Branch Name: _____

Firm/Branch Address: _____ City: _____ State: _____ Zip Code: _____

The Firm Address above is: Main Office Branch Office

Firm Type: Sole Proprietor Partnership Corporation LLC (Limited Liability) Majority Shareholder

Firm Phone: _____ Fax #: _____ Firm Website: _____

Firm/Branch State License #: _____ Firm/Branch NAR Office ID #: _____

Firm Principal/Managing* Broker/Appraiser Name: _____ NRDS # _____

Principal/Managing* Broker/Appraiser Home Address: _____

Principal/Managing* Broker/Appraiser Email Address: _____

Broker/Appraiser License #: _____

Principal Broker Name (if other than Managing Broker*): _____

(Please Print)

Names of ALL other Partners/Officers of your firm (PLEASE PRINT):

1. _____ 2. _____

3. _____ 4. _____

*Authorized by Principal to handle administrative matters for this firm location and registered at DPOR as the person "In Charge Of" this branch.

SECTION II – WAAR Firm/Branch Application - \$300 fee applies (If Principal/Managing Broker/Appraiser is not a REALTOR® member, application for WAAR REALTOR® membership must accompany this firm application)

I hereby apply my firm for membership in the Williamsburg Area Association of REALTORS®. In the event my application is approved, I agree as a condition of membership to complete the orientation courses. I further agree to pay the dues and fees of WAAR and will abide by the Code of Ethics, Bylaws, Association Policies, and duty to arbitrate, all as from time to time established and/or amended. Finally, I consent and authorize WAAR to invite and receive information and comment about me and my firm from any Member or other person, and I agree that any information and comment furnished to WAAR 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.

Principal or Authorized Managing Broker's/Appraiser's Signature

Date

SECTION III – WMLS Firm Application or Reactivation

***NOTE: All licensees assigned to the firm must also subscribe to the WMLS OR complete and return an Application for Waiver of WMLS Subscription Fees (Addendum A).**

New Firm/Branch- \$100 **OR** Firm/Branch Reactivation - \$100

I hereby apply my firm for Participation in the Williamsburg Multiple Listing Service (WMLS) and attest to the following:

1. I hold a current and valid real estate broker's license and I am authorized to offer or accept compensation to and from other Participants on behalf of the firm - OR – I am licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property.
2. I am the REALTOR® principal/managing broker, partner, corporate officer, licensed appraiser or the branch office manager designated by the above named firm, which qualifies me as the "Participant" in the WMLS and I shall have all rights, benefits, and privileges of the WMLS.
3. I shall accept all obligations to the WMLS for the Firm and for compliance with all WMLS Bylaws, Rules, Regulations and Policies by all persons affiliated with the firm who utilize the WMLS.
4. I hereby accept personal responsibility for compliance and the payment of WMLS fees and charges on behalf of the firm. I also understand that WMLS invoices are sent electronically **ONLY**.
5. I will be bound by the REALTOR® Code of Ethics on the same terms and conditions as members of the Williamsburg Area Association of REALTORS® and agree to submit to ethics hearings and the duty to arbitrate contractual disputes with other WMLS Participants.
6. I understand that licensees, support staff, assistants and I may not use the WMLS in any way unless properly registered by submitting the required WMLS forms.
7. I understand that all licensees assigned to the firm must also subscribe to the WMLS or complete and return an Application for Waiver of WMLS Subscription Fees (Addendum A) along with a Letter in Good Standing from their current MLS.

Principal/Managing Broker's/Appraiser's Signature: _____ **Date:** _____

**Williamsburg Area Association of REALTORS®
5000 New Point Rd. Suite 1101
Williamsburg, VA 23188
Email: Info@WAAREaltor.com**

**Phone: 757-253-0028
Fax: 757-253-1559**



Williamsburg Area Association of REALTORS® APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the **Williamsburg Area Association of REALTORS®**, enclosing payment for my REALTOR® dues* and application fees. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable.

I will attend an orientation program to include course topics as approved by the WAAR Board of Directors within **120** days of application for membership. Failure to meet this requirement may result in having my membership terminated.

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association). I also agree to abide by the Constitution, Bylaws and Rules and Regulations of the above-named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.

I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within the timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

I also consent that the association may invite and receive information and comment about me from any member or other persons, and 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 for slander, libel, or defamation of character.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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 is terminated, provided the dispute arose while applicant was a REALTOR® member.

* Dues are prorated according to month joining unless membership was held the previous year.

I am applying for: Primary REALTOR® Membership Secondary REALTOR® Membership

| PERSONAL INFORMATION: | | | | | |
|-------------------------------------|--|---------------------|-------------|---|--|
| First Name | | Middle Name | | | |
| Last Name | | | Suffix | <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc. | |
| Nickname (DBA): | | | | | |
| Home Address: | | | | | |
| City: | | State: | | Zip: | |
| Home Phone: | | | Cell Phone: | | |
| Personal Fax: | | | | | |
| Business E-mail Address: | | | | Date of Birth: | |
| Real Estate License # and Exp. Date | | | | | |
| Licensed/Certified Appraiser: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Appraisal License # | | | |
| COMPANY INFORMATION: | | | | | |

| | |
|-----------------|---|
| Office Name: | |
| Office Address: | |
| Your Position | <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer : <input type="checkbox"/> Branch Manager <input type="checkbox"/> Licensed Salesperson <input type="checkbox"/> Associate Broker |

| | |
|--|--|
| PREFERRED MAILING/CONTACT INFORMATION: | |
| Preferred Phone: <input type="checkbox"/> Cell | |
| Preferred E-mail: <input type="checkbox"/> Primary E-mail | |
| Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office | |
| | |

| | |
|--|--|
| APPLICANT INFORMATION: | |
| Are you presently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, name of Association | |
| Type of membership held: | |
| | |
| Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, name of Association | |
| Type of membership: | |
| | |
| Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (If yes, provide details.) | |
| | |
| | |
| If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) # | |
| Last date (year) of completion of NAR's Code of Ethics training requirement: | |
| | |
| Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, state the basis for each such refusal and detail the circumstances related thereto: | |
| | |
| | |
| Is the Office Address, as stated, your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |
| Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, where: | |
| | |

| | |
|--|--|
| Have you been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, provide details: | |
| | |
| * Have you been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, provide details: | |
| | |
| | |
| * A. judgments against the applicant within the past three (3) years of violations of (1) civil rights laws, (2) real estate license laws, and (3) or other laws prohibiting unprofessional conduct against the applicant rendered by the courts or other lawful authorities. B. criminal convictions if (1) the crime was punishable by death or imprisonment in excess of one year under the law under which the applicant was convicted, and (2) no more than ten years have elapsed since the date of the conviction or the release of the applicant from the confinement imposed for that conviction, whichever is the later date. | |

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 membership if granted.

I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Williamsburg Area Association of REALTORS® are not deductible as charitable contributions. A portion of such payments may, however, be deductible as an ordinary and necessary business expense. **No refunds shall be given for any reason.**

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.

Dated: _____

Signature: _____

5000 New Point Rd, Ste 1101
Williamsburg, VA 23188
(757) 253-0028
(757) 253-1559 (Fax)

New Member Orientation

Course Dates

8:30 am - 4:30 pm

February 4, 2021

May 4, 2021

August 5, 2021

November 4, 2021

Your real estate license number is required for credit submission.

Agenda

Introduction to WAAR, VAR & NAR

REALTOR® Code of Ethics

This class meets the NAR requirement for Biennial Ethics

Pathways to Professionalism

Specializations

The Williamsburg Area

The New Member Orientation Program must be completed in its entirety within 120 days of application in order to earn the REALTOR® designation.



Name: _____

Company: _____

Company Address: _____

Email: _____ Phone _____

Signature: _____

No Show Fee: \$35 Pay by Credit Card: Visa MasterCard Discover

Name on Card: _____

Credit Card #: _____ Exp Date: _____

Authorized Signature for Card: _____

Signature indicates acceptance of rescheduling policy. Rescheduling may occur within your 120 day requirement but must be received in writing prior to your class date. After the 120 requirement period a \$35 registration fee will apply.

No Shows will be required to pay a \$35 registration fee to attend a future Orientation. No credit(s) will be extended for substitute class registrations.

Please return this registration form with your application for membership to the Williamsburg Area Association of REALTORS®.

NOTE: Opinions and information delivered in all WAAR courses should be confirmed as compliant with the student's company policy before including in business practices.

Please notify us in advance if you have a disability that requires special services.



2021 WAAR REALTOR® Member DUES SCHEDULE

| National, State and Local Association Dues | | Dues Prorated Based on Month You Join WAAR | | | | | | | | | | | | |
|---|--|--|-------------------|-------------------|-------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------|
| | | Nov | Dec | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | |
| Dues and Fees to Initiate REALTOR® Membership | | 2020 | 2020 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 |
| National Association of REALTORS® (NAR) dues | | \$175.00 | \$162.50 | \$150.00 | \$137.50 | \$125.00 | \$112.50 | \$100 | \$87.50 | \$75.00 | \$62.50 | 50.00 | 37.50 | |
| NAR Public Awareness Campaign | | \$70.00 | \$70.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 |
| NAR dues subtotal | | \$245.00 | \$232.50 | \$185.00 | \$172.50 | \$160.00 | \$147.50 | \$135.00 | \$122.50 | \$110.00 | \$97.50 | \$85.00 | \$72.50 | |
| VA Assoc. of REALTORS® dues | | \$217.50 | \$217.50 | \$175.00 | \$175.00 | \$175.00 | \$131.25 | \$131.25 | \$131.25 | \$87.50 | \$87.50 | \$87.50 | \$43.75 | |
| VAR NEW Member Fee | | \$170.00 | \$170.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | \$175.00 | |
| VAR dues subtotal | | \$387.50 | \$387.50 | \$350.00 | \$350.00 | \$350.00 | \$306.25 | \$306.25 | \$306.25 | \$262.50 | \$262.50 | \$262.50 | \$218.75 | |
| WAAR REALTOR® local dues | | \$296.00 | \$296.00 | \$296.00 | \$222.00 | \$222.00 | \$222.00 | \$148.00 | \$148.00 | \$148.00 | \$74.00 | \$74.00 | \$74.00 | |
| WAAR New Member App. Fee | | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | \$300.00 | |
| WAAR subtotal | | \$596.00 | \$596.00 | \$596.00 | \$522.00 | \$522.00 | \$522.00 | \$448.00 | \$448.00 | \$448.00 | \$374.00 | \$374.00 | \$374.00 | |
| Total REALTOR® Dues & Fees | | \$1,228.50 | \$1,216.00 | \$1,131.00 | \$1,044.50 | \$1,032.00 | \$975.75 | \$889.25 | \$876.75 | \$820.50 | \$734.00 | \$721.50 | \$665.25 | |

All dues and fees are non-refundable and payable to the Williamsburg Area Association of REALTORS®

Secondary and Transfer Memberships pay WAAR local dues + \$100 WAAR application (not \$300) and any new firm application fees that may apply.

RPAC (Suggested) Contribution for 2021 is \$50. This suggested amount is not included in any rate above and not required for membership in WAAR.

Williamsburg Area Association of REALTORS 5000 New Point Rd, Suite 1101, Williamsburg, VA 23188 | O: 757-253-0028 | F: 757-253-1559



Credit Card Payment Authorization Firm/Member Fees

I hereby authorize the Williamsburg Area Association of REALTORS® AND/OR the Williamsburg Multiple Listing Service to charge the credit card listed below for payment of:

WMLS & SentiKey Fees

- WMLS and SentiKey fee checkboxes including New Licensed WMLS User Fees, New Unlicensed WMLS User Fees, \$50 Reactivation Fee, \$50 Transfer Fee, SentiKey Fees, \$100 New WMLS Firm or Branch, \$150 Change of Broker, \$100 WMLS Firm/Branch Reactivation, \$375 Initial Affiliate Service, \$125 Change of WMLS Affiliate Representative, and \$125 Affiliate Firm Re-Activate.

WAAR Fees

- WAAR fee checkboxes including WAAR Dues for REALTOR® application, \$50 REALTOR® Transfer Fee, \$50 REALTOR® Reactivation Fee, \$300 WAAR Firm/Branch, and \$150 Change of Broker/ DR.

Recurring Payment Information: If choosing automatic payments, your credit card will automatically be charged for the items indicated below on the 10th day of the month fees are due (if the 10th falls on a weekend, your credit card will be processed on the next business day).

- Automatic payment checkboxes: I wish to keep this credit card number on file for automatic payment of my WMLS service fees, I wish to keep this credit card number on file for automatic payment of ALL my WAAR & WMLS fees (with/without RPAC Voluntary Contribution), and Please do not keep the credit card number below on file for future use.

Credit Cardholder Name: _____

Credit Card Billing Address: _____

Contact Phone Number: _____ Email Address: _____

Credit Card Type: [] Visa [] MasterCard [] Discover [] American Express

Credit Card #: _____ Exp. Date: ____ / ____

NOTE: A new Payment Authorization Form will be needed on or before your credit card expiration date in order for automatic payments to continue.

Total Charged to Card: WMLS Fees \$ _____ SentiKey Fees \$ _____ WAAR Fees \$ _____

Signature: _____