

*Please type or print; complete all applicable spaces.*

Title:  Mr.  Mrs.  Ms.  Dr.

Name: (as on your RE license) \_\_\_\_\_

Nickname: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm Phone: \_\_\_\_\_ Firm Fax: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm/Branch Office Principal/Managing Broker: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Preferred Fax:  Home  Firm Preferred Mail:  Home  Firm

Preferred Phone:  Home  Firm  Cell

Email Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

Lic. #: \_\_\_\_\_ Lic. Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Lic. Type: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been a member of a REALTOR® Association?  Yes  No

(If Yes, please list Associations: \_\_\_\_\_)

Do you currently have pending ethics violations filed against you?  Yes  No

Have you been involved in any pending bankruptcy or insolvency proceedings or adjudged bankrupt in the past three (3) years?  Yes  No

What is your background expertise? \_\_\_\_\_

**SVAR Standing and Specialty Committees** (Please check which committees you have interest in:)

- Affiliate  Legislative/RPAC  Appraiser  Membership  Awards  Property Management  
 Bylaws  REALTOR®/Builder  Education  RPAC Trustee  Grievance  SVAR Events

Please Indicate Your Specialties:

- Appraisal  Land Sales  Commercial Sales/Leasing  Property Management  Development  
 Residential Sales (existing homes)  Farm & Estates  Residential Sales (new construction)  
 Other (please explain): \_\_\_\_\_

I hereby apply for: Primary / Secondary REALTOR® membership in the Southside Virginia Association of REALTORS®.

**Enclosed is my check in the amount of \$ \_\_\_\_\_ which is to be returned to me in the event of non-election.**

If my application is approved and as a condition of membership, I agree to complete the New Member Orientation (NMO) of the Southside Virginia Association of REALTORS®, if any, and otherwise on my own initiative 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 NAR and the Constitution, Bylaws and Rules and Regulations of the above named association, the State Association and the National Association.

I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and to duly arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitution, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time is amended.

Finally, I authorize the Southside Virginia Association of REALTORS®, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such inquiry shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

*NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or, if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition the renewal on his/her payment of the award, plus any costs that have previously been established as fee and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.*

**I confirm that I have read and understand this application and that all the information provided is true and correct to the best of my knowledge.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received by SVAR: \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed by: \_\_\_\_\_

NRDS ID #: \_\_\_\_\_

**Please return this form along with payment to SVAR at the address below. Thank you, and welcome to your Association!**



**SOUTHSIDE VIRGINIA ASSOCIATION OF REALTORS®**

114 Maple Grove Avenue, Colonial Heights, VA 23834

Phone:(804) 520-4496 ~ Fax:(804) 520-4625 ~ [www.SVARealtors.com](http://www.SVARealtors.com)

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