

2026 MEMBERSHIP APPLICATION

Please type or print; complete all applicable spaces. DPOR documentation required.

Prorated calendar for REALTORS® (includes NAR, VAR, SVAR and application fees):

January \$1,136	March \$1,110	May \$977.25	July \$844.50	September \$818.50+2027 dues	November \$685.75+2027 dues
February \$1,123	April \$990.25	June \$964.25	August \$831.50+2027 dues	October \$698.75+2027 dues	December \$672.75+2027 dues

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 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 Committees (Please check which committees you have interest in:)

- Events Advocacy Community Engagement Membership
 Finance Education Risk Management

Please Indicate Your Specialties:

- Appraisal Residential Sales (existing homes) Land Sales Commercial Sales/Leasing Property Management

- Residential Sales (existing homes) Farm & Estates Residential Sales (new construction) Development

Other (please explain): _____

I hereby apply for: Primary / Secondary REALTOR® membership in the Southside Virginia Association of REALTORS®. 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. The two obligations must be completed within 180 days of application.

I further agree that my act of paying dues shall evidencemy 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, liable 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 send applications to frontdesk@svarealtors.com.
Payment information will be sent electronically.
Thank you, and welcome to your Association!**

