



2918 West Kennedy Boulevard • Tampa, Florida 33609-3195
 Phone (813) 879-7010 • Fax (813) 879-8977
[http:// www.GTAR.org](http://www.GTAR.org)

INSTRUCTIONS FOR MEMBERSHIP APPLICATION

Please complete the application answering all questions. All applicants will be notified of acceptance and when scheduled to attend Orientation. **Membership is contingent upon completion of orientation.** If you do not attend Orientation within sixty (60) days from the date of application, your application and initiation fee will be returned less a **\$35.00 processing fee**. If your application is returned, you must submit a new application for membership with the appropriate initiation fee. The dues and fees are prorated on a monthly basis except as noted below, including the month for which membership was originally applied. The dues cover membership in the Greater Tampa Association of REALTORS®, the Florida REALTORS® Association, and the National Association of REALTORS®. **All initiation fees and dues must be paid before being admitted to the Orientation.** Only a personal check, cashier's check, money order, Visa, MasterCard, Discover or American Express may be accepted for dues and/or application fees. **If you are affiliated with an MLS Participant, the MLS Participation fee will begin with the month in which you place your license with the MLS Participant.**

Keys are leased by appointment. Lock boxes can be purchased in the REALTOR® Service Center from 8:30 a.m. to 5:00 p.m. Monday through Friday.

If you are an officer of a corporation, identify that office, identify the status of the other officers as either active brokers or non-active brokers, and their corporation office held. All officers who have an active real estate license must be brokers and must become members of this Association.

If you are a member of another Board/Association joining the Greater Tampa Association of REALTORS® as a secondary REALTOR® member or transferring from another association, identify your principal Board/Association and submit a letter from either the President or Executive Officer of that Board/Association stating that you are a member in good standing of that Board/Association. The **membership initiation fee is \$225** and must be accompanied by a photocopy of your real estate license and DBPR RE 10. The **firm set-up fee is \$395** for each office and also must be accompanied by a copy of your business license(s). Applications must be received in the Association office ten (10) working days prior to the next scheduled Orientation. 2011 Orientations will be held on the following dates: January 14, February 11, March 11, April 8, May 13, June 10, July 8, August 12, September 9, October 14, November 11 and December 9.

The Initiation fee and Dues for **2011** are as follows:

Dues Type	Init Fee	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Local	\$195	\$120	\$110	\$100	\$90	\$80	\$70	\$60	\$50	\$40	\$30	\$20	\$10
FAR*	30	126	116.33	106.67	97.00	87.33	77.67	68.00	58.33	48.67	39.00	29.33	19.67
NAR**		115	108.33	101.67	95.00	88.33	81.67	75.00	68.33	61.67	55.00	48.33	41.67
TOTAL	\$225	\$361	\$334.66	\$308.34	\$282	\$255.66	\$229.34	\$203	\$176.66	\$150.34	\$124	\$97.66	\$71.34

* Includes a mandatory \$10 Florida REALTORS® Association Advocacy Fee (**Not Prorated**)

** Includes a mandatory \$35 public awareness assessment (**Not Prorated**)



APPLICATION FOR REALTOR® MEMBERSHIP

To the Greater Tampa Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check/credit card payment in the amount of \$225 for a one time application fee and the amount indicated on the cover sheet for annual dues* for my 2011 Dues payable to GTAR. My application fee and 2011 dues will be returned to me in the event of non-election. 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, and 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 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.

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 Association 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®.

* Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

Name: _____

Real Estate License #: _____

Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Residence Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____ Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office

Are you presently a member of any other Association of REALTORS®? [] Yes [] No

If yes, name of Association and type of membership held: _____

Have you previously held membership in any other Association of REALTORS®? [] Yes [] No

If yes, name of Association and type of membership held: _____

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? [] Yes [] No (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____ and last date (year) of completion of NAR's Code of Ethics training requirement: _____.

Are you a principal, partner, corporate officer or branch office manager? [] Yes [] No If yes, you must also complete 2nd page of this application.

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 Association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Greater Tampa Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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: _____

(Optional Information): Date of Birth: _____
Specialty: [] Residential [] Commercial [] Resort [] International [] Other: _____
How long with current real estate firm? _____ Previous real estate firm (if applicable): _____
Number of years engaged in the real estate business: _____

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)
 Other (specify): _____

Your position: Principal Partner Corporate Officer Branch Office Manager

Firm License #: _____

Names of other Partners/Officers/ of your firm:

Have you ever been refused membership in any other Association of REALTORS®? [] Yes [] 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? [] Yes [] No
If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? [] Yes [] No
If so, where:

Have you or your firm 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? If yes, provide details:

Have you or your firm been convicted of a felony or other crime. If yes, provide details:

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 Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Greater Tampa Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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Dated: _____

Signature: _____

Greater Tampa Association of REALTORS,[®] Inc.

2918 W. Kennedy Blvd.

Tampa, FL 33609

Office: 813-879-7010

Membership Fax: 813-876-4221

Credit Card Type (check one): ()Master Card ()Visa ()American Express ()Discover

Credit Card # _____

Credit Card Expiration Date _____

Name as it appears on the credit card _____

Credit Card Billing Address _____

Credit Card Billing Zip Code _____

Amount: _____

Invoice # _____ (if applicable)

Signature authorizing credit card transaction _____

Date: _____

Telephone number (if need to be contacted): _____

Note: All of the information must be completed above before your request can be processed.

Thank you!

