



ROANOKE VALLEY ASSOCIATION OF REALTORS®  
 4358 Starkey Road, SW  
 Roanoke, Virginia 24018  
 Phone: 540-772-0526 Fax: 540-772-8058 www.rvar.com

## RVAR MEMBERSHIP APPLICATION

I, \_\_\_\_\_ hereby apply for membership as a REALTOR **OR** Reactivating Member in the Roanoke Valley Association of REALTORS (RVAR), and I enclose my dues and application fee, which I understand are **non-refundable**. If my application is approved, I agree, as a condition to membership to:

1. Complete within six (6) months of my acceptance, an RVAR orientation course, and complete within twelve (12) months of my acceptance, an RVAR fair housing course. Any exception to either orientation or fair housing attendance may be decided upon by the Board of Directors on a case-by-case basis.
2. Familiarize myself thoroughly 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, the Bylaws, and any policies related to the Association, the State Association, and the National Association.

I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the Code of Ethics; Bylaws; Rules and Regulations, Policies and duty to arbitrate, all as from time to time amended.

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

I understand that this application, if accepted, entitles me to all services of the Roanoke Valley Association of REALTORS. I further understand that **this application will be approved** by the Board of Directors at their next scheduled meeting, **only after I have given a copy of my Virginia Real Estate License to the Association of REALTORS.**

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

AGENT LICENSE # \_\_\_\_\_ (Attach a copy of your license)

LICENSE (check one) \_\_\_\_\_ Broker \_\_\_\_\_ Associate Broker \_\_\_\_\_ Salesman (REALTOR)

***IF INACTIVE MEMBER OF ROANOKE VALLEY ASSOCIATION OF REALTORS LESS THAN 12 MONTHS, ADD \$75 REACTIVATION FEE TO TOTAL AMOUNT OF DUES BEING PAID.***

SIGNED: \_\_\_\_\_ \* This area to be completed by Association office \*  
 (APPLICANT)

DATE: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Broker signature \_\_\_\_\_ Received by: \_\_\_\_\_

### METHOD OF PAYMENT

Check one: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover

I have previously been a member of an Association of REALTORS: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, state name of Association and location: \_\_\_\_\_  
 Year membership began: \_\_\_\_\_ Year inactive: \_\_\_\_\_

Rev 1/11



REALTOR® - is a registered mark which identifies a professional in real estate who subscribes to a strict Code of Ethics as a member of the NATIONAL ASSOCIATION OF REALTORS®