

# Coastal Carolinas Association of REALTORS®

## New Member Information

### 1. Membership Fee: (\_\_\_\_\_)

a. **Membership Fee Covers:** NAR dues, SCAR dues, Local Dues, Application Fee. Cost to join is pro-rated monthly.

**\*\*If you are a previous member of Coastal Carolinas Association of REALTORS® you will not have to pay the application fee if it has been less than a year since your inactive status.**

**\*\*If you are a REALTOR® coming from another Board within South Carolina and have paid your dues for this year then you will be waived of National and State Dues.**

**\*\*If you are a REALTOR® coming from another Board outside of South Carolina and have paid your dues for this year then you will be waived of National Dues.**

b. Membership Fee Covers:

i. New Member Orientation Class: Held every last Wednesday of the month from 8:00 am—4:00 pm @ CCAR Building.

ii. Multiple Listing Service (MLS) Training: TBA

iii. Inducted at Membership Luncheon once you have completed Orientation then you be sworn in at the Membership Luncheon.

### 2. **MLS Participation Cost for New Company to Join: (\$500.00)**

### 3. **MLS Cost for New Member**

a. **(\$20.00)** per month per agent in company. The invoice is mailed to the broker.

### 4. **Grid Map Book Includes Horry and Georgetown County Cost: (\$20.00+tax)**

### 5. **Key Cost: (Pay annually lease dues every April, initial deposit and activation fee)**

**\*\*Bill Annual Lease Every April for Key Usage**

(Key is ONLY leased. You will receive 90% of your initial deposit plus the pro-rated amount for months key was not used when key is returned.)

### 6. **Palm or Smart Phone eKey Software:**

The cost is \$25.00 and the company Supra drafts it from either your credit card or debit card the 18<sup>th</sup> of every month. There is also an initial activation fee for the software to be installed.

Website for Supra Key Products is [www.supraekey.com](http://www.supraekey.com).

### 7. **Lock Box Cost: (\$101.00)**

(Lock Box is ONLY leased. You will receive a portion of deposit depending on condition of lock box returned.)

### Contacts:

**Heather Tenney (Membership Coordinator)**

**Ph: (843) 839-8082                      Email: heather@ccarsc.org**

**Dianne Casey (MLS Coordinator)**

**Ph: (843) 839-8064                      Email: dianne@ccarsc.org**

# APPLICATION FOR MEMBERSHIP IN COASTAL CAROLINAS ASSOCIATION OF REALTORS®



OFFICE ONLY:

MMSI# \_\_\_\_\_

PAID \_\_\_\_\_

MLS# \_\_\_\_\_

NMC \_\_\_\_\_

NRDS: \_\_\_\_\_

INDUCT \_\_\_\_\_

Home or Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Company or Office Name with Branch:

\_\_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_

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I hereby (*Name as it appears on License*) (*Ms./Mrs./Mr.*) (*Please print*) \_\_\_\_\_ apply for REALTOR® (**primary, secondary, or Designated**) or REALTOR-ASSOCIATE® membership in the above named board/association, and enclose my check in the amount of \$\_\_\_\_\_, which I understand will only be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership to complete the indoctrination course of the above named board/association, 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 board and the constitution, bylaws, and rules and regulations of the above named board, 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, constitution, bylaws, rules and regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the board, 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 board 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.

**NOTE:** Applicant acknowledges that the board/association will maintain a membership file of information which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the board/association or its MLS.

**NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the board 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®.

**NOTE:** Dues payments to the board/association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

I hereby submit the following information for your consideration:

Name to appear on roster (the name by which your customer/clients will know you)

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(Please Print)

SC License Number : \_\_\_\_\_ Email Address \_\_\_\_\_

Other Real Estate License Numbers & State: \_\_\_\_\_

License type: Broker   Salesperson   Appraiser   Other - - (circle one)

**\*Broker in Charge of Real Estate Firm Joining (fill out) \***

Tax ID number \_\_\_\_\_

**\*Broker in Charge of Real Estate Firm Joining (fill out) \*** Type of Business: (Circle One)

Sole Proprietor   DBA   Partnership   Corporation

Position with firm:   Principal   Partner   Corporate Officer   Branch Office Manager  
Employee   Independent Contractor   Other

Are you a member of an institute, society or council affiliated with the NATIONAL ASSOCIATION OF REALTORS® ?

Yes   No

If yes, please indicate name of affiliated institute, society, or council:

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List below any professional designations you hold:

Are you currently a member of another board or association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you held membership in another board or association?

Yes No

If "yes," list each board and association where membership was held, type of membership held, and approximate dates of membership.

NRDS# \_\_\_\_\_

Have you been a user or subscriber in a multiple listing service which is owned and operated by a board or association affiliated with the NATIONAL ASSOCIATION OF REALTORS®?

Yes No

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, may be grounds for revocation of my membership, if granted. I agree that, if accepted for membership in the board, I will pay the fees and dues as from time to time are established. I further acknowledge and understand that if my company is a member of the MLS I will automatically be enrolled in that service. I am aware that my broker will be billed monthly for the fees to support the MLS. My signature below also gives the Association and/or the MLS permission to contact me via, phone, fax, email or any other acceptable means of communication.

Signature \_\_\_\_\_

(Applicant)

(Date)

How many years have you been active in the real estate profession as a: (Circle One)

\*New Salesperson Broker Appraiser Other (Years of Service) \_\_\_\_\_

In what phase of real estate do you specialize(ex. General, condo, land, commercial etc.)?

First licensed in South Carolina on (month) \_\_\_\_\_ (year) \_\_\_\_\_

Joined present company on (month) \_\_\_\_\_ (year) \_\_\_\_\_.

I have been a resident of Horry or Georgetown County since(month) \_\_\_\_\_

(year) \_\_\_\_\_.

\*\*\*If resident of another area please indicate city and state \_\_\_\_\_

Since(month) \_\_\_\_\_ (year) \_\_\_\_\_

Previous residence:

\_\_\_\_\_  
(City or county and state)

Use of Confidential Information by Agent

I, \_\_\_\_\_, as an Agent of \_\_\_\_\_, do hereby acknowledge that I must comply with a number of State and Federal Laws which regulate the handling of confidential and personal information regarding both customers/clients of this company and its other employees. These laws may include but not be limited to FACTA, The Privacy Act, Gramm/Leach/Bliley, and ID Theft Laws (where applicable).

I understand that I must maintain the confidentiality of ALL documents, credit card information, and personal information of any type and that such information may only be used for the intended business purpose. Any other use of said information is strictly prohibited. Additionally, should I misuse or breach any personal information of said clients and/or employees, I understand I will be held fully accountable both civilly and criminally, which may include, but not limited to, Federal and State fines, criminal terms, real or implied financial damages incurred by the client, employee, or this company.

I have been made aware of the company's Sensitive Information Policy and Plan. I understand and will fully comply with its provisions along with all other rules and regulations the company has in place regarding the handling of confidential information so as to protect the privacy of all parties involved. I also acknowledge that I have participated in a company sponsored Privacy and Security Identity Theft Training Program.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date