



**WESTERN WAYNE OAKLAND COUNTY ASSOCIATION OF REALTORS®
APPRAISAL MEMBERSHIP APPLICATION**

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 Board, the State Association and the National Association.

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 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 member.

I hereby submit the following information for your consideration:

Name: _____ Appraisal License #: _____

Do you currently hold a real estate license: Yes No If yes, Real Estate License #: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Residence Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____ Preferred Mailing: 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® member of another Association of REALTORS®, please indicate your NAR membership (NRDS) #: _____

and last date (year) of completion of NAR's Code of Ethics training requirement: _____

PAYMENT INFORMATION (see page 2 for dues payment options):

Visa Master Card Discover Card Number: _____ Exp. Date: _____

Checking Account Savings Account Routing Number: _____

(Choose only one)

Account Number: _____

Credit Card Holder/Name on Account: _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Western Wayne Oakland County 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: _____



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New Appraisers – Primary with WWOCAR:

JUNE 2010

OPTION 1 – MONTHLY PAYMENTS:

First payment due today:
\$29.00 WWOCAR Dues
\$20.00 MAR Application Fee
\$49.00 TOTAL DUE at time of application

\$34.95 per month thereafter

MONTHLY PROGRAM INCLUDES THE FOLLOWING:

- ▶ **6-HOUR Continuing Education Course 1100-2/4**
- ▶ **2-HOUR Legal Update Seminar with Greg McClelland**
- ▶ **2.5 HOUR Quadrennial Code of Ethics Training**
- ▶ **2 FREE Designation Courses:** *Choose from:*
ABR (Accredited Buyers Representative)
SFR (Short Sale and Foreclosure Resource Certification)
SRES (Senior Real Estate Specialist)
GREEN (NAR Green Designation Course)

OPTION 2 – FULL PAYMENT:

\$ 96.00 prorated WWOCAR Dues
\$478.67 MAR Dues & Application Fee, NAR Dues
\$574.67 TOTAL DUE at time of application

Appraisers electing to pay in full the invoices went out so the 2011 dues are included in the price.

Appraisers electing to pay in full will have an option to purchase a discounted Education Pass for \$129.95, valid for one year from date of purchase, which includes the same benefits of the Monthly Program.

New Appraisers – Transferring from another Association:

JUNE 2010

OPTION 1 – MONTHLY PAYMENTS:

First payment due today:
\$29.00 WWOCAR Dues
\$29.00 TOTAL DUE at time of transfer

\$34.95 per month thereafter

MONTHLY PROGRAM INCLUDES THE FOLLOWING:

- ▶ **6-HOUR Continuing Education Course 1100-2/4**
- ▶ **2-HOUR Legal Update Seminar with Greg McClelland**
- ▶ **2.5 HOUR Quadrennial Code of Ethics Training**
- ▶ **2 FREE Designation Courses:** *Choose from:*
ABR (Accredited Buyers Representative)
SFR (Short Sale and Foreclosure Resource Certification)
SRES (Senior Real Estate Specialist)
GREEN (NAR Green Designation Course)

OPTION 2 – FULL PAYMENT:

\$ 96.00 prorated WWOCAR Dues
\$271.00 2011 MAR Dues & NAR Dues
\$367.00 TOTAL DUE at time of transfer

Appraisers electing to pay in full if they did not pay there 2010 dues would have to pay an additional \$187.67 with application.

Appraisers electing to pay in full will have an option to purchase a discounted Education Pass for \$129.95, valid for one year from date of purchase, which includes the same benefits of the Monthly Program.

Secondary Appraiser Membership with WWOCAR:

JUNE 2010

\$91.00 prorated WWOCAR Dues
\$91.00 TOTAL DUE at time of transfer

Secondary Appraisal members have the option to purchase a discounted Education Pass for \$129.95, valid for one year from date of purchase, which includes the same benefits of the Monthly Program for Primary Appraisal members of WWOCAR.



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APPLICATION FOR APPRAISAL MEMBERSHIP: PAGE 3 FOR DESIGNATED BROKERS/BRANCH MANAGERS

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

Your position: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager

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/appraisal license in any other state? [] Yes [] No
 If so, where:

Have you or your firm been found in violation of state licensing regulations within the last three years? If yes, provide details:

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction 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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Western Wayne Oakland County 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: _____

OTHER INFORMATION

Date of Birth: _____

Specialty: [] Residential [] Commercial [] Resort [] International [] Other: _____

Number of years engaged in the real estate business: _____

Previous career or profession experience: _____

Would you be interested in serving on a WWOCAR Committee?

Government Affairs Special Activities Member Services Golf Outing TF Charity TF

Would you be interested in receiving information regarding any of the following?

Health Insurance

Events

Member Benefits

Toastmasters

Education – General

Promotional Items

Education - Designations

Printing Services

Name: _____ Office: _____

Phone: _____ Email: _____

The above is not a requirement for membership with WWOCAR, however if you are interested please return this form to WWOCAR and you will be contacted with more information.