



**2020 Realtor®
Membership Application**

WELCOME TO YOUR REALTOR® ASSOCIATION. *You are becoming a member of the world's largest professional association, joining others who are committed to protecting and promoting private ownership of real property while maintaining high ethical standards. As your trade association, we are dedicated to providing you with support and services that help you conduct your business ethically, professionally, and profitably, and we unite with you in creating a strong voice for home ownership and the real estate profession.*

I am applying for membership as a (check one box):

- DESIGNATED REALTOR®** - A principal broker or owner responsible for the office.
- REALTOR®** - A broker or principal broker NOT responsible for the office.
- DUAL REALTOR®** - A broker or principal broker currently holding primary membership in a Realtor® Association/ Board other than CCBR (call for dues amount). My primary association is _____
- TRANSFERRING REALTOR®** - A broker or principal broker transferring membership from another Realtor® Association/Board (call for dues amount). My previous association was _____
My NAR/NRDS I.D. number is _____ My last Code of Ethics training was _____

REAL ESTATE LICENSE NO.: _____

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

GENERATION (Jr., Sr., II, etc.): _____ DESIGNATIONS/CERTIFICATIONS: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

OFFICE CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE PHONE: _____ OFFICE FAX: _____

HOME ADDRESS: _____

HOME CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ WEBSITE: _____

PHONE 1: _____ CELL HOME OFFICE OTHER

PHONE 2: _____ CELL HOME OFFICE OTHER

I PREFER U.S. MAIL TO BE SENT TO MY HOME or OFFICE

HAVE YOU PREVIOUSLY HELD MEMBERSHIP IN ANY OTHER REALTOR® ASSOCIATION/BOARD? NO YES

If yes, which one(s): _____

Please submit applicable prorated dues amount below, which includes dues for CCBR, OAR and NAR.
There is an additional \$30.00 application fee (waived for previous or transfer members). **DUES ARE NON-REFUNDABLE.**
See reverse side for payment options.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$595.00	\$548.75	\$502.50	\$456.25	\$410.00	\$363.75	\$317.50	\$271.25	\$225.00	\$178.75	\$132.50	\$86.25

PAYMENT OPTIONS:

Credit Card: Call CCBR Executive Officer, Mary Burke, at 503-679-7590 with your payment information.



I, THE UNDERSIGNED, AGREE TO THE FOLLOWING CONDITIONS OF MEMBERSHIP IN THE COLUMBIA COUNTY BOARD OF REALTORS® (initials required):

_____ I agree to abide by the constitution, bylaws, and the Code of Ethics of the National Association of Realtors® (NAR), the Oregon Association of Realtors® (OAR), and the Columbia County Board of Realtors® (CCBR).

_____ I agree to complete the CCBR online New Member Orientation class. Applicants will receive written instructions on how to complete.

_____ I understand that e-mail communication is the primary form of communication from CCBR, and I will be responsible for reading its contents for information regarding CCBR's policies, procedures, and programs.

_____ I agree to promptly notify CCBR if my contact information changes; i.e., e-mail address, mailing address, phone number, etc.

_____ I understand that membership may not be granted if I have a record of official sanction involving professional conduct (Article V, Section 2, CCBR Bylaws).

_____ Upon expiration of membership for any cause, I will discontinue the use of the term "REALTOR®" and any logos, signs, seals, certificates and/or designations, and other indicators of membership in NAR, OAR and CCBR.

_____ DESIGNATED REALTORS® ONLY: As Designated Realtor®, I agree to certify all licensees in my office per the certification form provided by CCBR each year.

_____ DESIGNATED REALTORS® ONLY: I agree to notify any new licensees joining my office that they must join CCBR, or any other Realtor® association to which I belong, within 30 days, or I will be responsible for paying a non-member assessment in their name.

BY MY SIGNATURE BELOW, I CERTIFY THE ACCURACY OF THIS APPLICATION FOR MEMBERSHIP.

Signature: _____ Date: _____

PLEASE SUBMIT THIS APPLICATION WITH PAYMENT TO CCBR BY ONE OF THE FOLLOWING OPTIONS:

MAIL: CCBR 135 Pheasant Run Dr.
Porter, IN 46304

E-MAIL: admin@CCBRboard.org

Questions? Call Mary Burke, CCBR Executive Officer, at (503) 679-7590.

OFFICE USE ONLY	
NRDS #:	_____
ID #:	_____
EC #:	_____
DATE:	_____