



2130 S.W. 37th Street  
Topeka, KS 66611-2571  
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www.sunflowerrealtors.com

## Application for REALTOR® Membership

I hereby apply for REALTOR® membership in the Sunflower Association of REALTORS®, Inc., enclosing payment in the amount of \$\_\_\_\_\_ \* for my \_\_\_\_\_ dues and fees payable to the Sunflower Association of REALTORS®, Inc. I understand my 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 agree to attend orientation per the Association Bylaws, and understand that failure to meet this requirement may result in having my membership terminated. 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 Bylaws of the Sunflower Association of REALTORS®, Inc. I understand I will be required to complete periodic Code of Ethics training as specified in the Association's Bylaws as a continued condition of membership.

I irrevocably waive all claims against the Association or any of its officers, directors, or members, for any act in connection with the business of the Association, particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of the term "REALTOR®" and return to the Association all certificates, signs, seals, or other indications of membership in the Association, the Kansas Association of REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS®.

*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 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®.*

**\*Amount shown is prorated according to month joining unless membership was held the previous year.**

I hereby submit the following information for your consideration:

### Personal Information

Name as shown on license: \_\_\_\_\_  Mr.  Mrs.  Ms.  
Nickname: \_\_\_\_\_ Nickname used in MLS?  Yes  No  
Home address: \_\_\_\_\_  
City, state & zip: \_\_\_\_\_ Preferred mail:  Home  Office  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Preferred phone:  Home  Cell  Office  
E-mail address: \_\_\_\_\_ Secondary e-mail: \_\_\_\_\_  
Preferred email:  Primary  Secondary  
Real Estate License #: \_\_\_\_\_  Broker  Salesperson  
Licensed/Certified Appraiser:  Yes  No Appraisal License #: \_\_\_\_\_  
Type of Member:  REALTOR®  Designated REALTOR®/Responsible Broker  
Area of specialty (please choose one):  Residential  Commercial  Appraisal  Property Management

### Company Information

Office name: \_\_\_\_\_  
Office address: \_\_\_\_\_  
City, state & zip: \_\_\_\_\_ Office phone: \_\_\_\_\_

## Applicant Information

Do you hold or have you held a real estate license in another state?  Yes  No

If yes, when and where? \_\_\_\_\_

Are you or have you been a member of any other REALTOR® Association?  Yes  No

If yes, when and where? \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®?  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Broker(s)/Owner(s) Only

Company type:  Sole Proprietorship  Partnership  Corporation  LLC (Limited Liability Company)  
 Other Please specify: \_\_\_\_\_

Your position:  Principal  Partner  Corporate Officer  Majority Stockholder  Branch Office Manager  
 Other Please specify: \_\_\_\_\_

Names of other partners/officers of your firm: \_\_\_\_\_

Have you (or your firm for principal membership applicants) 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 (3) years?  Yes  No

If yes, provide details: \_\_\_\_\_

Have you filed for bankruptcy in within the last three (3) years or do you have bankruptcy pending?  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, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Sunflower Area Association of REALTORS®, Inc., I shall pay the fees and dues as from time to time established. I understand that no refunds will be given should I chose to go inactive prior to the end of the calendar year for which I have paid dues.

**Note:** Payments to the Sunflower Association of REALTORS®, Inc., are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense.

By signing below, I consent that the REALTOR® Associations (local, state, and national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone number(s), fax number(s), email address(es), 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAR initial fee \_\_\_\_\_

KAR initial fee \_\_\_\_\_

SAR dues \_\_\_\_\_

KAR dues \_\_\_\_\_

NAR dues \_\_\_\_\_

MLS subscription fee \_\_\_\_\_

**Total** \_\_\_\_\_

Cash  Check  CC \_\_\_\_\_

SAR staff: \_\_\_\_\_

Date received: \_\_\_\_\_

