



CAPITAL AREA ASSOCIATION OF REALTORS®



3149 Robbins Road • Springfield, IL 62704 • Phone 698-7000 • Fax 698-7009

Designated REALTOR® Membership Fee Information

ASSOCIATION FEES:

- Membership Application Fee: \$600.00 (includes \$500.00 membership application fee plus \$100.00 application fee for Designated REALTORS® of new member firm)
- DR Application Fee: \$100.00 (current REALTOR® requesting Designated REALTOR® membership)
- DR Transfer Fee: \$25.00 (current REALTOR® requesting to replace existing firm's Designated REALTOR®)
- Annual Membership Dues:

[The following includes the annual dues (local, state & nat'l) through 2009. IAR includes a \$50 mandatory assessment to fund the Advocacy Initiative to provide IAR the resources to advocate on local government issues and to take its message to the people, policy makers and public. National includes mandatory \$35 fee for image campaign. These assessments are not prorated. The dues are pro-rated monthly. Dues for following years are due on or before December 1 of each year. (due upon application)]

REALTOR® Dues Schedule (pro-rated monthly)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Local	149.00	136.58	124.16	111.75	99.33	86.91	74.50	62.08	49.66	37.25	24.83	12.41
State	149.00	140.75	132.50	124.25	116.00	107.75	99.50	91.25	83.00	74.75	66.50	58.25
National	<u>115.00</u>	<u>108.33</u>	<u>101.67</u>	<u>95.00</u>	<u>88.33</u>	<u>81.67</u>	<u>75.00</u>	<u>68.33</u>	<u>61.67</u>	<u>55.00</u>	<u>48.33</u>	<u>41.67</u>
Total Due	\$413.00	\$385.66	\$358.33	\$331.00	\$303.66	\$276.33	\$249.00	\$221.66	\$194.33	\$167.00	\$139.66	\$112.33
*RPAC	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>	<u>40.00</u>
Total	\$ 453.00	\$ 425.66	\$ 398.33	\$ 371.00	\$ 343.66	\$ 316.33	\$ 289.00	\$ 261.66	\$ 234.33	\$ 207.00	\$ 179.66	\$ 152.33

* **RPAC Contributions are Voluntary:** RPAC, the REALTORS® Political Action Committee, collects contributions from members and uses those funds to help elect candidates for public office who are supportive of home ownership, private property rights, and the real estate industry. Contributions to RPAC are not deductible for Federal income tax purposes. Contributions to RPAC are voluntary, and you may refuse to contribute without affecting your membership rights.

Funds will only be sent to National RPAC if the contribution qualifies for use in Federal elections pursuant to Federal election laws.

Copies of reports for IMPAC and Illinois RPAC are on file and available for purchase from the State Board of Elections.

MULTIPLE INFORMATION SYSTEM (MIS) FEES:

(Applicable to those Designated REALTORS® desiring MIS services)

- MIS Participant App. Fee \$1,000
- Security Fee: \$60.00 (Due with Application)
- Monthly MIS User Fee: \$50.00 (Quarterly payment due with Application)
- RediKey Deposit: \$50.00 (Due with Application)
- Monthly RediKey Fee: \$15.00 (Quarterly payment due with Application)

(cont.)

CAPITAL AREA ASSOCIATION OF REALTORS®

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Application for Designated REALTOR® Membership

I hereby apply for Designated REALTOR® membership with the Capital Area Association of REALTORS®. Enclosed is my NON-REFUNDABLE application fee of \$600.00, (\$25.00 for current REALTOR® members). Also, enclosed is my NON-REFUNDABLE prorated annual membership dues of \$ _____. The application fee is not applicable to current CAAR REALTOR® Members.

Name of Applicant: _____ Date of Birth _____
(First) (Middle) (Last)

Name as you want it to appear on roster _____ SS# _____

Name of firm _____ E-Mail Address _____

Indicate legal status: Sole Proprietor DBA Limited Liability Company
 Corporation Partnership

Position with firm: Principal Partner Corporate Officer
 Office Manager Employee Independent Contractor
 Appraiser Other _____ (If "other" explain)

How long have you been associated with your office? _____

Office Address _____ Office Phone _____
(Street) (Town) (Zip) Office Fax _____

Home Address _____ Home Phone _____
(Street) (Town) (Zip)

Moved to present office in _____ from _____
(Year) (Firm Name & Address)

Cellular Phone# _____ Main Contact Phone# to list in MIS _____

E-Mail Address _____ Website Address _____

Are you actively engaged in the real estate business? Yes No

License Number: _____ Broker Licensed Appraiser
 Salesperson Certified Residential Appraiser
 Other Certified General Appraiser

Do you hold yourself out to the public as being actively engaged in the real estate business? Yes No

I have maintained an office since _____ or I have been associated with _____
since _____.

Have you held, or do you hold membership in another Board/Association of REALTORS®? Yes No If yes, list name _____.

Have you ever been refused membership in any other Board/Association of REALTORS®?
 Yes No If yes, why? _____.

Please list any professional real estate designations you hold: _____

Do you hold, or have you ever held, a real estate license in any other state?
 Yes No If so, specify _____

Have you appeared before any real estate licensing authority, within the past three years, in defense of an alleged violation of license law? (If yes, state the approximate date, city and state the disposition of the matter using a separate attached statement.) Yes No

Has your real estate license, in this or any other state, been suspended or revoked? (If "yes", on a separate attachment specify the place(s) and date(s) of such action, and detail the circumstances relating thereto) Yes No

Is there any record of official sanctions involving unprofessional conduct against you within the last three (3) years? (If "yes", please explain on a separate attachment) Yes No

Have you been found to have violated the REALTOR Code of Ethics by any Real Estate Board/Association within the past three (3) years? (If yes, state circumstances in each instance on a separate attached statement) Yes No

Are there now any pending or unresolved complaints, or have there been within the past three years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government? (If "yes", on a separate attachment specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint) Yes No

Have you ever been convicted of a felony (If so, give details on a separate sheet of paper)? Yes No

List all licensed persons (salespeople, brokers or appraisers) associated with your firm (use attached Certification of Licensee Form).

State the names and titles of all other principals, partners, or corporate officers of your firm.

_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)

Is the Office Address, as stated in Section I, your principal place of business? Yes No

List the name and addresses of all branch offices or other real estate firms in which you are a principal, partner or corporate officer:

_____	_____
(Name)	(Address)

_____ (Name)	_____ (Address)
_____ (Name)	_____ (Address)

Name of institution(s) in which you maintain your escrow or trustee account (if held by a third party please indicate):

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? (If yes, on a separate attachment please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto) Yes No

NOTE: If the answer to the previous question is yes applicant acknowledges that the Association may require as a condition of membership that the bankrupt applicant pay cash in advance for Association MLS fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

In the event my application is approved, I agree to complete the orientation course of the Capital Area Association of REALTORS® and 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 Association and the Constitutions, Bylaws and Rules and Regulations of the Capital Area Association of REALTORS®, the Illinois Association of REALTORS®, and the National Association of REALTORS®, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, and rules and regulations and duty to arbitrate all, as from time to time amended. Finally, I consent that and authorize the Association, through its membership committee or otherwise to invite and receive information and comment about me from and member or other person, and I agree that any information and comment furnished 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 if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an 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 pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition a new 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 otherwise satisfied.

Orientation Policy. The orientation course is a one and a half-day session held once every quarter (typically in January, April, July and October). You must successfully complete this course or you will NOT qualify for REALTOR® membership. Completion of the orientation course must take place within the first two scheduled orientation programs offered after your application has been approved by the Board of Directors. Individuals failing to complete the orientation course within the required time-frame will be dropped from membership. All dues and application fees are non-refundable. To rejoin at a later date would require submission of a newly completed application and payment of all applicable dues and fees. It is the applicant's responsibility to inquire about the dates and times of orientation.

I certify that in signing this application all information provided is true and correct and I authorize the Association through its representatives to make such investigation as may be considered necessary to verify the statements herein made by me. I further grant my permission for the Association to obtain a credit report prior to my appointment to membership and this shall not form the basis of any action by me for liable, slander or defamation of character. I agree to pay the established fees as are due and payable on or before December 1, as long as I remain a member of this Association.

The below undersigned applicant understands that by providing the association with the applicant's mailing address(es), email address(es), telephone number(s), and fax number(s), applicant consents to receive communications, advertisements and solicitations sent by or on behalf of the Capital Area Association of REALTORS®, its subsidiaries and affiliates, namely the Illinois Association of REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s) provided.

I understand the requirement and agree to attend one of the next two orientation programs offered which may include successful completion of a non-discriminatory written examination as a prerequisite to my consideration for membership.

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.

Dated _____ Signed _____
 (Designated REALTOR® Applicant)

2009 Orientation Dates (Tentative):

- February 3 (1:00-5:00 pm) & 4 (8:30 am - 5:00 pm)
- April 21 (1:00-5:00 pm) & 22 (8:30 am - 5:00 pm)
- July 22 (1:00-5:00 pm) & 23 (8:30 am - 5:00 pm)
- October 21 (1:00-5:00 pm) & 22 (8:30 am - 5:00 pm)

Office Use Only:	Received ___/___/___	Newsletter _____
Check # _____	Agent ID: _____	IAR: _____
Amount \$ _____	Office # _____	Orientation: _____

CERTIFICATION OF LICENSEE FORM

MIS Office # _____

Office Name _____

Office Address _____ Office Phone# _____

Principals Partners, or Corporation Officers Only

Name/Title	License #	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unlicensed Office Personnel Only (i.e. Administrative Assistants, etc.)

Name/Title

List all Licensed Personnel (i.e., salespeople, brokers, appraisers) FULL OR PART TIME
Please list in alphabetical order.

Name	License #	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT OF ORGANIZATION

PARTNERSHIP

(Name)

(Date)

STATES THAT HE/SHE IS A MEMBER OF THE _____

(Company Name)

A CO-PARTNERSHIP ENGAGED IN THE BUSINESS.

HE/SHE FURTHER STATES THAT THE FOLLOWING NAMED PERSONS ARE MEMBERS OF SAID PARTNERSHIPS:

AND FURTHER STATES THAT THE FOLLOWING NAMED PERSONS HOLD LICENSE AND ACTIVELY PARTICIPATE IN THE BUSINESS OF SUCH PARTNERSHIP:

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____.

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

AFFIDAVIT OF ORGANIZATION

LIMITED LIABILITY CORPORATION (LLC)

(Name)

(Date)

STATES THAT HE/SHE IS THE PRESIDENT OF THE _____
(Company Name)

A LIMITED LIABILITY CORPORATION DULY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF ILLINOIS.

HE/SHE FURTHER STATES THAT THE FOLLOWING NAMED PERSONS ARE THE OFFICERS, PRINCIPALS, PARTNERS AND/OR TRUSTEES OF SAID CORPORATION.

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

PRINCIPAL _____

PARTNER _____

TRUSTEE _____

OTHER _____

AND FURTHER STATES THAT THE FOLLOWING NAMED PERSONS HOLD BROKER/APPRAISER LICENSE(S) AND ACTIVELY PARTICIPATE IN THE BUSINESS OF SUCH CORPORATION:

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____. _____

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

AOP 04/08

AFFIDAVIT OF ORGANIZATION

CORPORATE

(Name)

(Date)

STATES THAT HE/SHE IS THE PRESIDENT OF THE _____
(Company Name)

A CORPORATION DULY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF ILLINOIS.

HE/SHE FURTHER STATES THAT THE FOLLOWING NAMED PERSONS ARE THE OFFICERS, PRINCIPLES,
PARTNERS AND/OR TRUSTEES OF SAID CORPORATION.

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

PRINCIPAL _____

PARTNER _____

TRUSTEE _____

OTHER _____

AND FURTHER STATES THAT THE FOLLOWING NAMED PERSONS HOLD BROKER/APPRaiser LICENSE(S)
AND ACTIVELY PARTICIPATE IN THE BUSINESS OF SUCH CORPORATION:

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____.

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

AOP 01/00

SOLE OWNERSHIP

(Name)

(Date)

STATES THAT HE/SHE IS THE SOLE OWNER OF THE BUSINESS KNOWN AS:

AND THAT NO OTHER PERSON, OR PERSONS, HAVE AN INTEREST IN SAID BUSINESS

SUBSCRIBED AND SWORN
BEFORE ME THIS DAY

OF _____, 20 _____.

(Signature of Applicant)

NOTARY PUBLIC

(Date)

MY COMMISSION EXPIRES

Multiple Information Service Activation Form

S.S.# _____

PASSWORD _____
(Up to 8 characters, alpha or numerical)

Home Phone No. _____

Please begin my MIS services:

Effective _____
(Date)

Signature of MIS Member
(Designated REALTOR®/Broker)

Capital Area Association of REALTORS®

Multiple Information Service Affidavit

As an active member in good standing of the Capital Area Association of REALTORS®, Inc., I hereby elect to become a member of the Capital Area Multiple Information Service and herewith enclose \$1000.00 as payment of my application fee.

I also agree to abide by the Rules & Regulations that are established by the Capital Area Information Service, as from time to time amended.

(Signature)

(Date)

(Company Name)

(Address)

(City)

(Zip)

(Office Phone)

(Home Phone)

Real Property Internet Advertising Authorization Form

On this _____ day of _____, 20____, as the Designated REALTOR® of _____ (Brokerage Company) I hereby authorize the Capital Area Association of REALTORS® through its Multiple Information Service (MIS) to place on the internet, in the form of advertising, certain limited information* pertaining to all of my company's property listings placed in the Multiple Information Service.

This is being offered "FREE" as a service of the Capital Area Multiple Information Service.

You retain the right to withdraw from this program at any time.

By: _____

Title: _____

(MIS Participant)

*This information will NOT include private telephone numbers, security codes, owner names or private comment fields that relate to a property.