

CAPITAL AREA REALTORS®



3149 Robbins Road • Springfield, IL 62704 • Phone 217-698-7000 • Fax 217-698-7009

Designated REALTOR® Membership Fee Information

AS	SSOCIATION FEES:	
	Membership Application Fee:	\$700.00 (includes \$600.00 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®)
	[The following includes the annual dues (local, s RVOICE Initiative (\$35 allocated to the RVOICE	tate & nat'l) through 2022. Illinois REALTORS's additional \$85 mandatory assessment for the Illinois E PAF Initiative). National's includes a \$35 mandatory assessment for Consumer Advertising The dues are pro-rated monthly (due upon application). Dues for following years are due on or before

	REALTOR® Dues Schedule (pro-rated monthly)											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Local	180.00	161.33	146.67	132.00	117.33	102.67	88.00	73.33	58.67	44.00	29.33	14.67
State	278.00	261.92	245.83	229.75	213.67	197.58	181.50	165.42	149.33	133.25	117.17	101.08
National	185.00	172.50	160.00	147.50	135.00	122.50	110.00	97.50	85.00	72.50	60.00	47.50
*RPAC	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
**IR Charity	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Total Due	\$688.00	\$640.75	\$597.50	\$554.25	\$511.00	\$467.75	\$424.50	\$381.25	\$338.00	\$294.75	\$251.50	\$208.25

*RPAC: Fighting for YOU - The REALTORS® Political Action Committee (RPAC) collects voluntary investments from members and uses those funds in a bipartisan manner to support pro-REALTOR® candidates for public office who help ILLINOIS REALTORS® win the fight on public policy issues affecting your business, including private property rights, government regulation of the industry, and taxes and fees affecting real estate. Contributions to RPAC are not deductible for federal income tax purposes. Contributions are voluntary and are used for political purposes. The amounts indicated are merely guidelines and you may contribute more or less than the suggested amounts. The National Association of REALTORS® and its state and local associations will not favor or disadvantage any member because of the amount contributed or decision not to contribute. You may refuse to contribute without reprisal. Up to thirty percent (30%) may be sent to National RPAC to support federal candidates and is charged against your limits under 2 U.S.C. 441a. A copy of our report filed with the State Board of Elections is (or will be) available on the Board's official websitewww.elections.il.gov or for purchase from the State Board of Elections, Springfield, Illinois. Except as may be required by state or federal law, the Illinois REALTORS® PAC (Illinois RPAC) is not required to refund political contributions. However, refund request will be considered on a case-by-case basis so long as they are received within 30 days of the contribution.

MULTIPLE LISTING SYSTEM (MLS) FEES:

WEELL ERSTING STRIKEN (W	ES) I EES.					
(Applicable to those Designated REALTORS® desiring MLS services)						
☐ MLS Participant App. Fee	\$1,000					
☐ Security Fee:	\$60.00 (Due with Application)					
☐ Monthly MLS User Fee:	\$60.00 (Quarterly payment due with Application)					
☐ Monthly ShowingTime User Fee:	\$13.25 (Quarterly payment due with Application)					
☐ SentriLock Setup Fee:	\$40.00 (Due with Application)					
☐ Monthly SentriLock Fee:	\$18.00 (Quarterly payment due with Application)					
(cont.)						

^{**}Assist your REALTOR® community with a voluntary contribution to IRRF which can help individuals living in the state's communities which have been affected by natural disasters. IRRF is developed solely for the purpose of helping neighbors and clients in a time of need

Designated REALTOR® Fee Information Page 2

APPLICATIONS AND FORMS NEEDED:

- 1. Designated REALTOR® application
- 2. MLS affidavit (if joining MLS)
- 3. MLS Participation Agreement (if joining MLS)
- 4. Affidavit of organization
- 5. Copy of Illinois Broker's license or Appraiser's license or certificate
- 6. Check made out to the Capital Area REALTORS® in the appropriate amount
- 7. Copy of office license, only if office is a corporation

(PLEASE CONTACT CAR AFTER DESIGNATED REALTOR® APPROVAL FOR CURRENT FEES FOR LICENSED INDIVIDUALS WITHIN THE OFFICE. ALL LICENSED INDIVIDUALS ASSOCIATED WITH THE FIRM WILL BE ASSESSED FEES PER THE BYLAWS.)

Please make your checks payable to:
Capital Area REALTORS® or CAR

Visa

Mastercard Discover Check #

Exp. Date _____ Name: _____ Signature: _____

Amount \$_____ Date___/___

If you have any questions concerning this application please call Jennifer Kennedy at 217-698-7000.



CAPITAL AREA REALTORS®



3149 Robbins Road • Springfield, IL 62704 • Phone 217-698-7000 • Fax 217-698-7009

Application for Designated REALTOR® Membership

REFUNDABLE application fee	e of \$70	0.00, (\$25.00 for	current R	EALTOR® r	REALTORS®. Enclosed is my NON- members). Also, enclosed is my NON- cation fee is not applicable to current CAR		
Name of Applicant:					Date of Birth		
(First)		(Middle)		(Last)			
Name as you want it to appear	on roste	r					
Name of firm			E-Mail Address				
Indicate legal status:		Sole Proprietor Corporation		DBA Partnership	☐ Limited Liability Company		
Position with firm:		_	· 🗆		☐ Corporate Officer ☐ Independent Contractor(If "other" explain)		
How long have you been assoc	iated wi	th your office?_					
Office Address(Street)					Office Phone		
(Street)		(Town)		(Zip)	Office Fax		
Home Address					Home Phone		
(Street)		(Town)		(Zip)			
Moved to present office in	Year)	from		(Firm Nor	ne & Address)		
	,			,	,		
Cellular Phone#		M	aın Contac	et Phone# to I	ist in MLS		
E-Mail Address			Website	Address			
Are you actively engaged in the	e real es	tate business?	□ Yes □	□ No			
License Number:			Broker Managii Other	ng Broker	 □ Licensed Appraiser □ Certified Residential Appraiser □ Certified General Appraiser 		
Do you hold yourself out to the	public	as being actively	engaged	in the real est	tate business? Yes No		
I have maintained an office since	ce	or I	have been	n associated w	vith		
	membei	rship in another I	Board/Ass	ociation of R	EALTORS®? □ Yes □ No If yes, list		

Have you ever been refused membership in any other ☐ Yes ☐ No If yes, why?	r Board/Association of REALTORS®?
Please list any professional real estate designations ye	ou hold:
Do you hold, or have you ever held, a real estate licer ☐ Yes ☐ No If so, specify	nse in any other state?
	uthority, within the past three years, in defense of an alleged violation of and state the disposition of the matter using a separate attached
	, been suspended or revoked? (If "yes", on a separate attachment etail the circumstances relating thereto) \square Yes \square No
Is there any record of official sanctions involving unperplease explain on a separate attachment) Yes	professional conduct against you within the last three (3) years? (If "yes", \square No
	R Code of Ethics by any Real Estate Board/Association within the past instance on a separate attached statement) Yes No
you or the firm with which you have been associated	s, or have there been within the past three years, any complaints against before any state real estate regulatory agency or any other agency of ecify the substance of each complaint in each state, the agency before 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 app Form).	oraisers) associated with your firm (use attached Certification of Licensed
State the names and titles of all other principals, parti	ners, or corporate officers of your firm.
(Name)	(Title)
(Name)	(Title)
(Name)	(Title)
Is the Office Address, as stated in Section I, your prin	ncipal place of business? Yes No
List the name and addresses of all branch offices or officer:	other real estate firms in which you are a principal, partner or corporate
(Name)	(Address)

	Capital Area REALTORS®
Application for Designate	ed REALTOR® membership
	Page 3

(Name)	(Address)			
(Name)	(Address)			
Name of institution(s) in which you maintain your escrow	w or trustee account (if held by a third party please indicate):			
	w or trustee account (if held by a third party please indicate): proprietor, general partner or corporate officer involved in any			

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 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 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 priviledged 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 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 <u>agree to attend one of the next two orientation programs offered</u> 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)

2022 Orientation Dates (Tentative):

February 24 (1:00-5:00 pm) & 25 (8:30 am - 5:00 pm) July 20 (1:00-5:00 pm) & 21 (8:30 am - 5:00 pm) October 19 (1:00-5:00 pm) & 20 (8:30 am - 5:00 pm)

CERTIFICATION OF LICENSEE FORM

MLS Office #	
Office Name	
Office Address	Office Phone#
Princ	cipals Partners, or Corporation Officers Only
Name/Title	License #
Linlicensed Office	e Personnel Only (i.e. Administrative Assistants, etc.)
Name/Title	e i cisomici Oniy (i.e. Administrative Assistants, etc.)
List all Licensed Personne	l (i.e., salespeople, brokers, appraisers) FULL OR PART TIME Please list in alphabetical order.
Name	License #

	Addendum to application for Designated REALTOR® Membership (continued) page 2
I do hereby certified that this list is an accurate and complete roster of THIS OFFICE.	f ALL PERSONS LICENSED IN
Designated REALTOR'S® Signature	Date

PARTNERSHIP

(Name)	(Date)
STATES THAT HE/SHE IS A MEMBER OF T	HE
A CO-PARTNERSHIP ENGAGED IN THE BU	(Company Name) USINESS.
HE/SHE FURTHER STATES THAT THE FOL PARTNERSHIPS:	LOWING NAMED PERSONS ARE MEMBERS OF SAID
AND FURTHER STATES THAT THE FOLLO PARTICIPATE IN THE BUSINESS OF SUCH	WING NAMED PERSONS HOLD LICENSE AND ACTIVELY PARTNERSHIP:
SUBSCRIBED AND SWORN BEFORE ME THIS DAY	
OF, 20	(Signature of Applicant)
NOTARY PUBLIC	(Date)
MY COMMISSION EXPIRES	_

LIMITED LIABILITY CORPORATION (LLC)

(Name)	(Date)
STATES THAT HE/SHE IS THE PRESIDENT OF	THE
A LIMITED LIABILITY CORPORATION DULY CLAWS OF THE STATE OF ILLINOIS.	(Company Name) ORGANIZED AND EXISTING UNDER THE
HE/SHE FURTHER STATES THAT THE FOLLOW PRINCIPALS, PARTNERS AND/OR TRUSTEES OF	
PRESIDENT	
VICE PRESIDENT	
SECRETARY	
TREASURER	
PRINCIPAL	
PARTNER	
TRUSTEE	
OTHER	
AND FURTHER STATES THAT THE FOLLOWIN BROKER/APPRAISER LICENSE(S) AND ACTIVISUCH CORPORATION:	
SUBSCRIBED AND SWORN BEFORE ME THIS DAY	
OF, 20	
	(Signature of Applicant)
NOTARY PUBLIC	(Date)
MY COMMISSION EXPIRES	

CORPORATE

(Name)	(Date)		
STATES THAT HE/SHE IS THE PRESIDENT O	OF THE		
A CORPORATION DULY ORGANIZED AND	(Company Name) EXISTING UNDER THE LAWS OF THE STATE OF ILLINOIS.		
HE/SHE FURTHER STATES THAT THE FOLI PARTNERS AND/OR TRUSTEES OF SAID CO	LOWING NAMED PERSONS ARE THE OFFICERS, PRINCIPLES, DRPORATION.		
PRESIDENT			
VICE PRESIDENT			
SECRETARY			
TREASURER			
PRINCIPAL			
PARTNER			
TRUSTEE			
OTHER			
AND ACTIVELY PARTICIPATE IN THE BUS			
SUBSCRIBED AND SWORN BEFORE ME THIS DAY			
OF, 20	(Signature of Applicant)		
NOTARY PUBLIC	(Date)		
MY COMMISSION EXPIRES	_		

SOLE OWNERSHIP

(Name)	(Date)
STATES THAT HE/SHE IS THE SOLE OWNER	OF THE BUSINESS KNOWN AS:
AND THAT NO OTHER PERSON, OR PERSON	IS, 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 Listing Service Activation Form

	PASSWORD
	(4 digits only) Home Phone No.
Please begin my MLS services:	
Effective(Date)	
	Signature of MLS Participant (Designated REALTOR®/Managing Broker)

Capital Area REALTORS®

Multiple Listing Service Affidavit

As an active member in good standing of the Capital Area REALTORS®, Inc., I hereby elect to become a member of the Regional Multiple Listing Alliance, LLC, 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 Regional Multiple Listing Alliance, LLC, 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 Com	pany) I h	ereby authorize the Regional
Multiple Listing	Alliance, LLC through ((RMLS) to place or	the inter	rnet, in the form of advertising,
certain limited in	formation* pertaining to	all of my company	y's prope	rty listings placed in the Multiple
Listing Service.				
This is being	offered "FREE" as a ser	vice of the Regiona	al Multip	le Listing Alliance, LLC. You
retain the right to	withdraw from this pro	gram at any time.		
By:				
Title:				
(MLS	S Participant)			

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