



3009 Highway 77, Suite L
Panama City, FL 32405
TEL: (850) 763-8078
FAX: (850) 769-5462
membership@cpaor.org

MEMBERSHIP APPLICATION

PLEASE EMAIL COMPLETED FORM TO: membership@cpaor.org

Primary Membership: _____ Secondary Membership _____ NRDS ID: _____

Date: _____ SL BK Florida Real Estate License #: _____

Name: _____ Primary Association: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Personal Website: _____ Company Website: _____

Cell Phone Number: _____ Date of Birth (Mo./Day/Year) _____

Preferred Method of Communication: CELL / OFFICE (*Circle One*)

Broker Name: _____

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Mail is to be sent to (*Choose one*): Home: _____ Office: _____

Date Started in Real Estate: _____ Date Started with Real Estate Firm: _____

Do you have any record of official sanctions involving professional conduct? YES _____ NO _____

OFFICE USE ONLY B#: _____ MEMBER ID: _____	NRDS #: _____ Amount Paid: \$ _____	New Member Orientation DATE: _____
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1. Applicant agrees as a condition of membership to become thoroughly familiar with the **Code of Ethics** of the National Association of REALTORS®, the Constitutions, Bylaws, and Rules & Regulations of the Central Panhandle Association of Realtors®, the State or a State contiguous thereto and National Associations, and if a REALTORS® member will abide by the **Code of Ethics** of the National Association of REALTORS® including the obligation to arbitrate controversies arising out of a real estate transaction as specified by Article 14 of the **Code of Ethics**, and as further specified in the **Code of Ethics and Arbitration Manual** of the National Association of REALTORS® as from time to time amended.
2. Applicant also agrees to the Board, through its membership committee or otherwise, may invite and receive information and comment about applicant from any member or other persons, and that applicant agrees that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not from the basis of any action for slander, libel, or defamation of character.
3. All membership fees are NON-REFUNDABLE

The applicant with this form of application shall have access to a copy of the Bylaws, Policies, Rules and Regulations, and Code of Ethics as referenced above.

I, _____, agree to complete the mandatory Association Orientation within
(Print Name)

90-days of membership to the Central Panhandle Association of REALTORS®. The Association Orientation will cover the Bylaws, Policies, Rules & Regulations of the Central Panhandle Association of REALTORS®, the Bylaws of the State Association, and the National Association of REALTORS®.

I understand that my application will be presented for recommendation in writing to the Board of Directors at the next scheduled board meeting. I understand my annual dues shall be paid prior to the (1st) First of January. Non-payment of annual dues by January 25th will incur a \$50.00 late fee to be reinstated to CPAR.

I, _____, hereby affirm as a condition of my membership in the Central Panhandle
(Print Name)

Association of REALTORS® to abide by all relevant Bylaws, Policies, Rules, Regulations and other obligations of membership including the responsibility of payment to the participant of all MLS Fees. I further agree to be bound by the Code of Ethics. I understand that a violation of the Code of Ethics may result in termination of my MLS Privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines that may be imposed on me.

Applicant Signature: _____

My signature affirms this membership application.

Emergency Contact Person & Phone Number: _____