



Mem#: _____
Date: _____
Total: _____
Type of Payment: _____

GREATER CAPITAL AREA ASSOCIATION OF REALTORS®
Membership Application

Designated REALTOR®/Principal Broker
 REALTOR®/Sales Agent
 Appraiser
 (All applications must have a photocopy of the Real Estate/Appraiser License attached)

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Mr./Ms./Mrs./Miss. First Name MI Last Name Nickname

Office Information

Company Name		Office Phone Number	Office Fax Number
Suite #	Street Address	City	State
			Zip Code

Home Address

Apt #	Street Address	City	State	Zip Code
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Contact Phone Numbers (At least one number must be supplied other than Main Office Number)

Home Phone Number	Home Fax Number	Cell Phone Number	Contact Number for Directory
- -	- -	- -	- -

E-Mail Address (REQUIRED)	Web site Address	Social Security # (only the last four digits)
		XXX - XX -

Real Estate/Appraiser License Information (Please Provide Copy of Real Estate License):

License #	State	Expiration Date
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Preferred Mailing Address Office Home Preferred Fax Machine Office Home

Association/Board of Primary affiliation (if applicable): _____

Indicate any NAR or MAR designations or affiliations: _____

FOR GCAAR STAFF USE ONLY

APPLICATION FEE _____	MD STATE DUES _____	TOTAL _____
GCAAR DUES _____*	DC DUES _____	
NAR DUES _____	RPAC _____	INITIALS _____

* Is member joining as a primary member with a dues waiver from another association? _____ Yes
 (Member is only to pay application fee, local dues, and optional secondary state fees. Must have dues waiver with paperwork)

GREATER CAPITAL AREA ASSOCIATION OF REALTORS®
 8757 Georgia Avenue, Suite 600
 Silver Spring, MD 20910
 Phone: 301.590.2000 Fax: 301.590.2248
 Email: gcaarstaff@gcaar.com
 www.gcaar.com



GREATER CAPITAL AREA ASSOCIATION OF REALTORS®

I have read and, in the event of my acceptance to membership in the Greater Capital Area Association of REALTORS® (the “association”), I agree to abide and be bound by the Bylaws, Policies and Procedures, Rules and Regulations of the association, **Constitution and Bylaws of the State Association (if applicable)**, and the Bylaws and Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®. I agree to attend and satisfactorily complete any required orientation course of the Association within sixty (60) days from the date of this application.

I irrevocably waive all claims against the association or any employees, officers, directors or members for any act or omission in connection with the business of the association, including the interpretation and/or application of the Bylaws, Policies and Procedures of the association and the acceptance of or failure to accept, advance, suspend, expel or discipline me as a member of the association. The authority of the Grievance and Professional Standards Committees of the association, are expressly acknowledged and accepted by me, and I acknowledge and agree that I will arbitrate future contractual disputes arising out of the real estate business as specified by Article 17 of the Code of Ethics and as set forth in the Code of Ethics and Arbitration Manual of the NATIONAL ASSOCIATION OF REALTORS® and the Policies and Procedures Manual of this association, all as from time to time amended.

I understand that the Greater Capital Area Association of REALTORS® may terminate my membership if this application contains misrepresentations or I fail or refuse to comply with the conditions of membership as stated in the Bylaws, Policies and Procedures and Regulations of this association and the NATIONAL ASSOCIATION OF REALTORS®. Upon expiration or termination of my membership with the NATIONAL ASSOCIATION OF REALTORS® for any cause or reason whatsoever, I will discontinue use of the term “REALTOR®”. Further I agree that if I resign or am terminated from membership with any outstanding dues and fees (including any costs and sums previously awarded by the Arbitration Hearing Panel in conjunction with arbitration proceedings), the Board of Directors may condition renewal or reinstatement of membership upon my payment of said fees.

I understand that in the event I am not eligible for membership in the category indicated, or if I am not elected to membership, the advanced dues and fees will be refunded to me, less \$100 for processing. If elected to membership I agree, to pay (when due) the established fees, dues, assessments and fines, in effect as long as I am a member of this association. I understand that if I no longer wish to maintain my membership, the Association must be notified in writing with the proper forms provided. I further understand there will be no refund of dues paid should I terminate my membership in the association with the following exception:

- Any member who requests a refund in writing within thirty (30) calendar days after the first of the month in which elected to membership or within thirty (30) calendar days after the due date (January 1).

Application by _____
(Signature) (Name Printed) (Date)

I (the Designated REALTOR®/ Office Manager/Broker) have carefully reviewed this application and the membership information contained herein and have determined it to be true and correct to the best of my knowledge.

Certified by _____
(Signature of Office Manager (Name Printed) (Date)
Designated REALTOR® or Broker)

APPLICATIONS CAN NOT BE PROCESSED WITHOUT THE BROKER/OFFICE MANAGER SIGNATURE.

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GREATER CAPITAL AREA ASSOCIATION OF REALTORS® , INC.
2012 SECONDARY DUES AND FEES
Broker/Sales Agent/Appraiser

Membership in GCAAR is held by individuals, not companies. Membership benefits therefore, cannot be transferred to other individuals within the same company or public agency. Dues and fees are pro-rated quarterly at the time of joining. All payments must be received with the proper paperwork (refer to the Membership Information Sheet). Dues and fees are non-refundable.

Secondary Membership

	Jan-Dec	May-Dec	July-Dec	Oct-Dec
Application Fee	\$100.00	\$100.00	\$100.00	\$100.00
*GCAAR Dues	275.00	206.25	137.55	68.75
RPAC	50.00†	50.00†	50.00†	50.00†
Total	\$425.00	\$356.25	\$287.55	\$218.75

*Member Subscriptions to Capital Area REALTOR® account for \$10 of each members annual dues.

Secondary State DC*	\$78.00	\$78.00	\$39.00	\$39.00
Secondary State MD*	\$99.00	\$49.50	\$49.50	\$49.50

**In order to have a secondary state membership, you must pay the local association dues and fees.*

A dues waiver must be provided from your Primary Association along with this payment. If not, membership application can not be processed.

Method of Payment (Cash can not be accepted for Dues/Fees)

Total Amount : _____ Check # _____ enclosed. Please make checks payable to "GCAAR".

GCAAR accepts the following credit cards: American Express, Discover Card, MasterCard, and Visa

Credit Card Account # _____ Exp Date _____ V-Code _____

*V-Code is the last three digits in the signature panel on the reverse of the credit card.

Signature of Credit Card Holder _____ Print Name _____

†RPAC the "REALTORS Political Action Committee" Helps Protect Your Interests in Real Estate. Contributions are voluntary and are used for political purposes. RPAC contributions are given to candidates who support housing and real estate issues. RPAC strengthens the REALTORS® political advocacy program through grassroots activities, and federal, state and local lobbying efforts. There's only one way to protect your investment in real estate - and that's by investing in RPAC! *Contributions are not deductible for Federal income tax purposes. You may refuse to contribute without reprisal or otherwise affecting your membership rights. 70% of each contribution goes to your State Association to support state and local political candidates. 30% is sent to National RPAC to support Federal candidates against your limits under 2 U.S.C. 441a."



GCAAR Secondary Membership

In order to properly process your membership application the following items must be submitted:

- Completed membership application, signed by both Agent and Broker/Office Manager.
- Photocopy of Real Estate license(s) or a letter from the Broker on company letterhead verifying Agent's affiliation and license number.
- 2012 Dues and Fees form.
- Valid form of payment (VISA, MasterCard, Personal or Office Check).
- Dues waiver from Primary Association (Agent is responsible for obtaining this information from their primary association)

Please note: If applicant is paying with a credit card and is not the cardholder, complete the information on the bottom of this form and include with payment.

Cardholder Name: _____

Cardholder Address: _____

Cardholder Phone Number: _____

Cardholder Signature: _____

You will be contacted once your application is processed. Please allow three business days for processing.

Inquiries may be directed to:

New Membership Representative
301-590-2000
gcaarstaff@gcaar.com

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