
APPLICATION INFORMATION

DATE: _____

I am applying for the following Membership: **Check all that apply**

(Agent) REALTOR® (Broker) DESIGNATED REALTOR® CRMLS BROKER CRMLS Only CRMLS APPRAISER

NAME: _____ NICKNAME: _____

HOME ADDRESS: _____
Street

City State Zip Code

HOME PHONE: () - CELL PHONE: () -

Broker Information

OFFICE NAME: _____

OFFICE ADDRESS: _____
Street

City State Zip Code

OFFICE PHONE: () - OFFICE FAX: () -

DIRECT OFFICE PHONE: () -

Name of Designated REALTOR® (Broker): _____ BRE LICENSE #: _____

WOULD YOU LIKE YOUR HOME PHONE TO APPEAR ON YOUR LISTINGS? YES NO

WOULD YOU LIKE YOUR CELL PHONE TO APPEAR ON YOUR LISTINGS? YES NO

WHICH DO YOU PREFER AS YOUR PRIMARY CONTACT NUMBER? OFFICE HOME CELL

PREFERRED MAILING ADDRESS: OFFICE HOME

PERSONAL FAX: () - SEND MY FAXES TO: OFFICE HOME

EMAIL: _____

WEBSITE: _____

PREFERRED METHOD FOR RECEIVING QUARTERLY STATEMENTS: EMAIL OR MAIL (**\$5 ANNUAL FEE**)

BRE LICENSE #: _____ EXP. DATE: ____/____/____ DATE OF BIRTH: ____/____/____

LAST 4 DIGITS OF SSN: _____ DO YOU HAVE S SUPRA KEY? YES NO

DRIVER'S LICENSE #: _____ EXP. DATE: ____/____/____
(Please submit copy of Driver's License)

OREA APPRAISERS LICENSE #: _____ EXP. DATE: ____/____/____

PLEASE LIST ALL CURRENT AND PAST BOARDS/ASSOCIATIONS WHICH YOU HAVE BEEN A MEMBER OF: _____

IF YOU ARE TRANSFERRING FROM ANOTHER BOARD/ASSOCIATIONS:

Do you have any pending Grievance Complaints or Arbitration hearings? YES NO

Do you have any unpaid balances at your previous Board/Association? YES NO

Have you been a member of N.A.R. for more than 40 years? YES NO

Have you been a member of C.A.R. for more than 25 years? YES NO

Would you like to join a committee? YES NO (If yes select all that apply)

Education ____ Events ____ Fundraising ____ LCRC ____ Mbrshp ____ MLS ____

Signature of Applicant

Date of Signature

Signature of Designated REALTOR®

Date of Signature

Dues Breakdown

Board Dues - Agent - \$175 Broker - \$175

Board Application Fee - \$100

C.A.R. Dues - \$184

C.A.R. New Member Processing Fee - \$100

N.A.R. Dues - \$185

TOTAL DUES- \$744

CRMLS Application Fee - \$100

CRMLS Security Fee - \$50

CRMLS Fee - \$500 Yearly/\$250 Bi-Annually

TOTAL DUES- \$650

Complaints. If a complaint is filed against an agent, he/she will be solely responsible for all fees that apply.

Use of the term REALTOR® OR REALTOR-ASSOCIATE®. I understand that the professional designations REALTOR® and REALTOR-ASSOCIATE® are federally registered trademarks of the National Association of REALTORS® (“N.A.R.”) and use of these designations are subject to N.A.R. rules and regulation. I agree that I cannot use these professional designations until this application is approved, all my membership requirements are completed, and I am notified of membership approval in one of these designations. I further agree that should I cease to be a REALTOR® or REALTOR-ASSOCIATE®, I will discontinue use of the term REALTOR® or REALTOR-ASSOCIATE® in all certificates, signs, seals or any other medium.

I am enclosing with this application my required fees, and agree to pay such fees as they may change from time-to-time so long as I am a member of the Inglewood Board of REALTORS®. Fees are to be paid on an annual/quarterly basis. If not paid by the due date each licensee is subject to late fees as well as reinstatement fees. Failure to pay dues will result in the CANCELLATION OF YOUR LISTINGS and/or TERMINATION of membership.

To cancel your membership and avoid accruing fees, please call the Inglewood Board of REALTORS® in order to submit a notification of termination.

Supra keys are a lease and need to be returned when membership is terminated to avoid further billing from Supra. In case of transferring memberships, the Supra key must be transferred to the new association/board (if applicable).

A copy of the CARETS Standardized Rules and Regulations can be found on the Inglewood Board of REALTORS® website www.inglewoodbor.com or on www.crmls.org. I agree to abide by such Rules and Regulations as they exist and acknowledge that they may from time-to-time be amended. I hereby acknowledge that I have received information on where to further locate CARETS Standardized Rules and Regulations, as well as the penalties and fines of not abiding by them.

I understand that if the payment for my required fees is returned (Non-Sufficient Funds), credit card is declined, or payment is not met, I will be assessed a service fee and all listings will be canceled. The Inglewood Board of REALTORS® will not be held accountable for updating listings while my services have been inactivated. **I am responsible for informing the Inglewood Board of REALTORS® of any changes such as address, phone number, office or broker change.**

I understand that by providing my mailing address (es), e-mail address (es), telephone number(s), and fax number(s), I consent to receive communications sent from the Inglewood Board of REALTORS® via U.S. mail, e-mail, telephone, or facsimile at those number(s)/location(s).

It is my responsibility as a REALTOR® and/or CRMLS Participant/Subscriber to follow these Rules and Regulations and to complete required orientation and/or training.

I understand that the Inglewood Board of REALTORS® dues(\$150/\$190) are to be paid annually. CRMLS payment options of (\$380) annually or (\$95) paid quarterly (**January, April, July and October**). I understand that if my payment is not received by the due date my services will be inactivated and I will be assessed a Late fee (\$30). All fees are subject to change.

No refund. I understand that my Board membership dues and CRMLS fees are non-refundable. In the event I fail to maintain eligibility for membership or for CRMLS Services for any reason, I understand I will not be entitled to a refund of my dues or fees.

REALTOR® and/or CRMLS Participant/Subscriber Signature

IBOR Staff Signature

Date

Date



Inglewood

Board of REALTORS®

718 E. Manchester Blvd. Ste. H

Inglewood, CA 90301

Phone: 310-671-3650

Fax: 310-672-3650

www.inglewoodbor.com

CREDIT CARD AUTHORIZATION FORM
PLEASE PRINT CLEARLY & FILL OUT FORM
COMPLETELY

Member's Name: _____

Card Holder's Name: _____

Member's Office Name: _____

Billing Address for credit card: _____

City: _____ State: _____ **Zip Code:** _____

Cell #: _____

I authorize my **Visa** **MasterCard** **AMEX** **(WE DO NOT ACCEPT DISCOVER)**

To be charged \$ _____

This transaction is **one time only**

Card: _____ **Exp. Date:** ____/____

Security Code: _____

Cardholder Signature: _____ Date: _____

Office Use Only

Member #: _____

Received on: _____ By: _____

Notes: _____
