



**REALTORS® Association of South Central Wisconsin**  
**4801 Forest Run Road, Suite 101, Madison, WI 53704-7337**

**Phone: (608) 240-2800 • Fax: (608) 240-2801 • [www.rascw.org](http://www.rascw.org)**



# Membership Application Form

revised 6/18/2012

I hereby apply for Membership in the REALTORS® Association of South Central Wisconsin (RASCW) and am enclosing all applicable fees and dues. My application fee and dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the RASCW, the Wisconsin REALTORS® Association (WRA) and the National Association of REALTORS® (NAR). I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as Orientation, not be completed within the time-frame established in the RASCW Bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the RASCW Bylaws as a continued condition of Membership.

*Note: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns from RASCW or otherwise causes Membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of Membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes Membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.*

**If there are phone numbers you don't wish to have displayed, please don't include them on this form.**

I hereby apply for ( ) REALTOR® ( ) Affiliate Membership with the REALTORS® Association of South Central Wisconsin. If you are applying for secondary Membership, a letter of good standing from your primary Association must accompany this application.

Name \_\_\_\_\_ Name as you want to appear on MLS \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

License #: \_\_\_\_\_ / (Circle one) Broker Sales Appraiser Inspector License Expiration Date: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

Name of Firm \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_ Office Fax \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cellular Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ MLS Preferred Phone \_\_\_\_\_

(# on MLS listings)

Position with Firm: (Circle one) Broker Sales Associate Office Manager Appraiser Inspector

Primary Involvement (Circle one) Residential Commercial Resort International Other \_\_\_\_\_

Are you presently or have you previously held membership in any other Association of REALTORS® \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of Association and type of Membership Held: \_\_\_\_\_ Dates of Membership: \_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR® indicate your NAR membership (NRDS) #: \_\_\_\_\_ and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_

**Are you a principal, partner, corporate officer or branch office manager? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes you must also complete the back side of this application.**

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, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for Membership in the RASCW, I shall pay the fees and dues as from time to time established. NOTE: Payments to the RASCW are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **Dues are non-refundable.**

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g. MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in the contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my Membership.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Designated Broker / Branch Managers Section Only** (page 2 of 2)

Company Information: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC (Limited Liability Company)

Your Position: \_\_\_\_\_ Principal \_\_\_\_\_ Partner \_\_\_\_\_ Corporate Officer \_\_\_\_\_ Branch Office Manager

Names of other Partners/Officers of your firm:

\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state the basis for each such refusal and detail the circumstances related thereto:

\_\_\_\_\_

Is the Office Address, as stated, your principal place of business? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, or if you have any branch offices, please indicate and give address:

\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, where:

\_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide details:

\_\_\_\_\_

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide details:

\_\_\_\_\_

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, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for Membership in RASCW, I shall pay the fees and dues as from time to time established. NOTE: Payments to the RASCW are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **Dues are non-refundable.**

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Join Date: \_\_\_\_\_

DR ( ) REALTOR® ( ) Affiliate ( ) Local Affiliate ( )

Dues Paid: \$ \_\_\_\_\_ (If paying by credit card: call (608) 240-2800)

RASCW New Member Packet: Given \_\_\_\_\_ Mailed \_\_\_\_\_

Member #: \_\_\_\_\_

Initials: \_\_\_\_\_

New Member Orientation: \_\_\_\_\_