



**Application for Membership in the  
Kansas City Regional Association of REALTORS®  
(KCRAR)**

11150 Overbrook Road, Suite 100, Leawood, KS 66211  
913-661-1600 913-498-0712 or 0713 (fax)



I hereby apply for membership in the KCRAR, and enclose my check/credit card in the amount of \$ \_\_\_\_\_, which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition of membership, to complete the **workshop** course of KCRAR, and otherwise on my own initiative 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 constitution, bylaws, and rules and regulations of KCRAR, the state Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, constitution, 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, constitution, bylaws, rules and regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize KCRAR, through its membership committee or otherwise, to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to KCRAR by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

**NOTE:** Applicant acknowledges that the Association will maintain a membership file of information which may be shared with other Associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the Association or its MLS.

**NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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®.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Name as you would like it to appear: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Home Fax: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_ Gender (optional)  Male  Female

E-Mail: \_\_\_\_\_ Cellular Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Office Fax Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Office E-Mail Address: \_\_\_\_\_ Office Website: \_\_\_\_\_

Last 4 Numbers of Social Security Number: \_\_\_\_\_

Real Estate License Number: MO: \_\_\_\_\_ KS: \_\_\_\_\_

Type of member  Designated REALTOR® /Broker  REALTOR®  Affiliate

Institute Affiliate  Other: \_\_\_\_\_

**Please schedule a New Member appointment with the Membership Dept at (913)-661-1600**

Preferred Mailing Address:  Home  Office Preferred Fax Number:  Home  Office

Preferred Media (for KCRAR Monthly newspaper):  Mail  E-Mail

Preferred mailing address for NAR's Publications:  Office Street  Home  Office Mail

May we send your contact address to business-related marketers?  Yes  No

Do you hold or have you held a Real Estate license in another State?  Yes  No

If yes, when and where: \_\_\_\_\_

Are you or have you been a member of another REALTOR® Association  Yes  No

If yes, when and where: \_\_\_\_\_

Area of specialty, please choose one:  Appraisal  Commercial Investment  Management

Property Management  Residential  Other: \_\_\_\_\_

Do you have any of these designations?

ABR  ALC  CCIM  CIPS  CPM  CRB  CRE

CRS  FRI  GAA  GRI  LTG  MAI  RAA

Has your Real Estate license in this or any other State been suspended or revoked?  Yes  No

Have you ever been found in violation of the Code of Ethics, or is there an unsatisfied discipline pending, a pending arbitration request or unpaid arbitration award/financial obligation to any other Association or Association MLS?  Yes  No

If yes, state basis for each such violation and detail the circumstances related thereto: \_\_\_\_\_

**Broker/Owners only.** Are there now or have there been within the past three years any complaints against you or the firm with which you have been associated before any State Real Estate regulatory agency or any other agency of government?  Yes  No

If yes, specify the substance of each complaint in each State, the Agency before which the complaint was made and the current status or resolution of such Complaint: \_\_\_\_\_

Have you filed for Bankruptcy in the past three years or do you have bankruptcy pending?  Yes  No

I elect to join  Kansas Association of REALTORS® (KAR) **OR**  
 Missouri Association of REALTORS® (MAR)

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. I agree that, if accepted for membership in the Association, I will pay the fees and dues as from time to time established. ***I understand once accepted into KCRAR, membership application fee and dues are non refundable.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Please charge my  Visa  Mastercard  Discover  American Express

Number: \_\_\_\_\_ CID # \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use Only**

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_