



**APPLICATION FOR REALTOR® MEMBERSHIP**  
 424 West O'Brien Drive Suite 236A, Hagatna, Guam 96910  
 Tel.: (671) 477-4271 Fax.: (671) 477-4275 Email: ceo@guamrealtors.com



To the **Guam Association of REALTORS®**, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my payment in the amount of **\$ 375.00 for a one time application fee and \$ \_\_\_\_\_\* for my 20\_\_\_\_\_ Dues payable to [Guam Association of REALTORS®]**. A prorated amount of my dues will be returned to me in the event of non-election. Application fee is nonrefundable. I will attend orientation and mandatory classes within [ 30 ] days of Association's confirmation of provisional membership. Failure to meet this requirement may result in having my membership application denied. 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 above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. 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 and mandatory classes, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

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

- Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix (Jr, Sr, I, II, etc.): \_\_\_\_\_

Nickname (DBA): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Real Estate License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Licensed/Certified Appraiser:  Yes  No

Appraisal License/Certificate: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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

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

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt.: \_\_\_\_\_

Preferred Mailing:  Home  Office Mail  P.O. Box:

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Preferred Phone:  Home  Office  Cell

Are you presently a member of any other Association of REALTORS®?  Yes  No  
If yes, name of association and type of membership held:

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Have you previously held membership in any other Association of REALTORS®?  Yes  No  
If yes, name of association and type of membership held:

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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 ever have been a REALTOR®), indicate your NRDS Number: \_\_\_\_\_  
and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_.

Company information:

Sole Proprietor  Partnership  Corporation  LLC (Limited Liability Company)  
 Other, Specify: \_\_\_\_\_

Your Position:

Principal  Partner  Corporate Officer  Majority Shareholder  
 Branch Office Manager  Non-Principal Licensee

Name of other Partners/Officers of your firm:

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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:

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

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

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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 (3) years? If yes, provide details:

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Have you, or your firm, been convicted of a felony or another crime? If yes, provide details:

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*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 Association, I shall pay the fees and dues from time to time as established.*

**NOTE:** Payments to the **GUAM ASSOCIATION OF REALTORS®** are not deductible as charitable contributions. Such payments may, however, be deducted as an ordinary and necessary business expense. **NO Refunds.**

By signing below I consent that the REALTOR® Association (local, state, national) their subsidiaries and affiliates, if any (e.g. MLS, Foundation) may contact me at the specified address, contact numbers, email address, or other means of communication available. This consent applies to changes in 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 (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Principal Broker / Designated REALTOR® Signature: \_\_\_\_\_

**Optional Information:**

Date of Birth: \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_

Previous real estate firm (if applicable): \_\_\_\_\_

Number of years engaged in the real estate business: \_\_\_\_\_

Field of Business(es): \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

**GAR USE ONLY:**

Join Date: \_\_\_\_\_ Status:  Active  Provisional

Primary Local / State Association NRDS ID: \_\_\_\_\_

Office ID (if Principal) \_\_\_\_\_ Office Contact DR \_\_\_\_\_

Office Contact Manager \_\_\_\_\_ Number of Non-Member Licensees \_\_\_\_\_