



## 2024 Application for: Primary REALTOR® Member

Thank you for your interest in becoming a Primary REALTOR® Member with the Glenwood Springs Association of Realtors. We ask that you complete this application in full and return to our office via email to:

[stephanie@gsar.realtor](mailto:stephanie@gsar.realtor)

Here are the fees associated with Primary Membership:

- \$300 New Member application fee, which will be paid prior to receiving your User Id to the Aspen/Glenwood MLS. After we receive your application, we will send you an invoice that can be paid via credit card online or with a check.
- Annual Dues – 2024 Annual GSAR dues is \$300. As a Primary REALTOR® member, we will also collect your National (\$156) and State (\$195) dues, as well as the annual (non-prorated) NAR PR fee (\$45). If you're joining in the middle of the year, dues will be prorated. After we receive your application, we will send you an invoice that can be paid via credit card online or with a check. Once payment is received, we will issue you access to the MLS.
- MLS Fees – Your office Primary Contact will be charged \$50 per month for your monthly MLS access fee, as we only bill offices, not individual agents. This fee will be billed in arrears and your office can expect an invoice on the 29<sup>th</sup> – 31<sup>st</sup> of the month, depending upon when the last day of the month falls within the business week. MLS fees can be paid via autopay with a credit card or can be paid manually each month with a credit card or check. Payment is expected within 15 days of receiving your invoice.
- \$1,000 New Office Fee. If your firm/office does not have an existing affiliation with our association, a New Office application will need to be filled out by the Primary Contact/Managing Broker and a new office will need to be established with our organization.

To the Glenwood Springs Association of REALTORS® (GSAR), I hereby apply for REALTOR® Membership with your association. I understand that the associated fees are due with the submission of this application and that any application fee and dues paid will be returned to me in the event my application for Membership is denied. In the event of my acceptance to GSAR, 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 GSAR, the State Association, and the National Association. 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 GSAR Board of Directors and may be revoked should completion of requirements, such as orientation and Code of Ethics training, not be completed within the timeframe established in the association's bylaws.

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®.



**Please fill out the following information:**

Name as shown on license: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

Colorado Real Estate License #: \_\_\_\_\_ Are you a recently licensed/new agent?  Yes  No

Licensed/certified appraiser:  Yes  No If Yes, Colorado Appraisal License #: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Have you previously held membership in any other Association/Board of REALTORS®?  Yes  No

If yes, please enter the name of your most recent Association: \_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in any Association/Board of REALTORS® in the past three (3) years or are there any such complaints pending?

Yes (If yes, provide details as an attachment.)  No

Are you a principal, partner, corporate officer or branch office manager?  Yes  No (If yes, you must also complete the 2<sup>nd</sup> page 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 Board, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Glenwood Springs Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. 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 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 of Applicant

\_\_\_\_\_  
Date

**APPLICATION FOR PRIMARY REALTOR® MEMBERSHIP: PAGE 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS**

Company information:  Sole Proprietor  Partnership Corporation  LLC  Other \_\_\_\_\_

Your position:  Principal Partner  Corporate Officer  Majority Shareholder  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:

\_\_\_\_\_  
*Street Address* *City, State, Zip*

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 within the last three years?  Yes  No. *If yes, please attach a separate document with details.*

Have you or you 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, please attach a separate document with 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 the Board, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Glenwood Springs Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. 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 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 of Applicant \_\_\_\_\_  
Date