



Application for REALTOR® Membership

REALTOR® Association of Southern Kentucky
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RASKrealtors@RASKrealtors.com



REALTOR® Member Application Process

Any licensed real estate agent or licensed certified appraiser who desires to be a REALTOR® member of the REALTOR® Association of Southern Kentucky must complete the following process:

1. Complete and submit REALTOR® Membership Application form to RASK.
2. Submit \$200 Application Fee to RASK (this includes a \$50 Kentucky REALTORS® Application Fee).
3. Pay Membership Dues (prorated monthly).
4. Attend Orientation Course within 90 days of application.
5. Complete on-line New Member Code of Ethics Course with 90 days of application.
6. Agree by signing this document to receive communications via fax, telephone, email and text message.

I hereby apply for membership in the REALTOR® Association of Southern Kentucky, Inc. (RASK) and enclose payment in the amount of \$_____ which I understand is non-refundable. I agree to thoroughly familiarize myself with, and 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 REALTOR® Association of Southern Kentucky, Real Estate Information Services, the Kentucky REALTORS® and the National Association of REALTORS®. I further agree that my act of paying dues shall serve as evidence of my initial and continuing commitment to abide by the Code of Ethics, Constitution, Bylaws, REIS Rules and Regulations and duty to arbitrate, all as from time to time amended. I understand that my membership may be suspended should initial requirements, such as attendance of Orientation and completion of the Code of Ethics training not be completed within the timeframe established by the Directors. I also understand that the use of the trademarked membership term "REALTOR®" and its logo are for the sole use of members of the REALTOR® Association. Upon expiration of my membership, for any reason, I will discontinue use of "REALTOR®" and its designations and logos in every way, including use on all business cards, signs, certificates, letterhead and promotional materials. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continue condition of membership.

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®.

NOTE: Dues payments to the Association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. A portion of the dues payments supports the National and State newsletters.

Name (as appears on real estate or appraiser license) _____

Real Estate or Appraiser License # _____ License Date _____

Check Membership Type: Designated REALTOR® REALTOR® Appraiser

Firm Name _____

Firm Address _____

Residence Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____ Website _____

Date of Birth _____ Name as to appear on Membership Roster _____

Languages Spoken _____

Highest level of Education? _____ Degree or Major (if applicable) _____

Other Business Certifications held? _____

Are you now employed by or engaged in any other business or profession? Yes No

If yes, give position: _____

Have you ever been a member of RASK? Yes No If yes, what year(s) _____

Have you held or do you hold membership in another Board or Association of REALTORS®? Yes No

If yes, Name _____ Year(s) _____ Primary Secondary

NRDS Number assigned by previous Association (if applicable) _____

Do you or have you held a real estate license in any other state? Yes No

If yes, what state _____ Year(s) _____

Communication Preferences

Primary Phone Number: Office Cell

Preferred mailing address: Home Office

I hereby certify that the foregoing information furnished is true and correct, and I agree that the failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership.

I understand that by providing my email address, telephone number and fax number, I consent to receive communications sent from the RELATOR® Association of Southern Kentucky (RASK), Real Estate Information Services (REIS), the Kentucky REALTORS® (KYR) and the National Association of REALTORS® (NAR) via email, telephone, fax or text.

By signing below, I agree to accept all invoices and communications electronically, and to keep a current valid email address on file as a condition of membership.

Signature: _____ Date: _____

Please Note: Application Fees/Dues are Non-Refundable

To Be Completed by Principal Brokers Participating in the MLS

MLS PARTICIPATION AGREEMENT: I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and Regulations and other obligations of participation, including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as association members, as established in the *Code of Ethics and Arbitration Manual*, including the obligation to submit to ethics hearings and the duty to arbitrate contractual and specific non-contractual disputes with other REALTORS® in accordance with the established procedures of the association. I understand that a violation of the Code of Ethics may result in suspension or termination of MLS rights and privileges and that I may be assessed an administrative processing fee not to exceed \$500 which may be in addition to any discipline, including fines, that may be imposed.

Signature of Participant: _____ Date: _____

For Office Use Only

RASK Association

REIS MLS

Primary

Secondary

NRDS# _____

Form of Payment: Check

Visa

MasterCard

Discover

Cash

Check # RASK _____

Check # REIS _____

Cash Receipt # _____

Letter of Acceptance

Letter of Good Standing, if applicable N/A

Date Orientation Completed: _____ Date Approved by BOD _____