



New Member Application Checklist:

Thank you for your interest in joining the Chicago Association of REALTORS® (C.A.R.).

In order to expedite the processing of your membership application, please be sure to include the following with your completed application signed by your broker.

- A copy of your license or 45 day permit sponsor card.
- For new offices (Managing Brokers, Appraisers or Affiliates), a copy of your firm's license (if applicable) and/or DBA.
- A Letter of Good Standing from your primary/former association, if you are currently a member of NAR with another local REALTOR® association.
- Full payment of applicable fees. If you are mailing a check, please do not fax your application as it will not be processed until we receive your check. If you are faxing your application with a Visa, MasterCard, American Express, or Discover number, please do not also mail your application as it will not be necessary.

Your application should be processed within two to three business days of receipt. Once it has been processed, we will contact you with your Member ID number.

We look forward to welcoming you as a new member of C.A.R.

430 N. Michigan Ave. 8th Floor Chicago, IL 60611
Monday–Friday, from 8:30 a.m. - 5 p.m.

6017 W. 26th St. Cicero, IL 60804
Tuesdays and Thursdays, from 9 a.m. to Noon
and 1 p.m. to 4 p.m. on both days.

Phone: (312) 803-4900



New Member Application

I hereby submit the required initial fee and apply for membership in the Chicago Association of REALTORS®.

RPAC	\$20.00	(Optional)	
CAREF	\$20.00	(Optional)	
REEF	\$5.00	(Optional)	
Local Dues	\$50.00	Check One:	<input type="checkbox"/> Broker Owner
State Dues	\$ 216.67		<input type="checkbox"/> Broker
National Dues	\$ 135.00		<input type="checkbox"/> Appraiser
Application Fee			<input type="checkbox"/> Leasing Agent
MRED Fees	\$ 179.70	Mar'17 – Sept.'17	
Total Due	\$ 626.37		

Please call (312) 803-4900 for current dues pro-ratio. Annual dues for each year are due by October 1 of the preceding year. **Application cannot be processed without payment in full.** Fees are pro-rated on a monthly basis.

Are you a returning CAR member? ____ YES ____ NO

Do you currently hold secondary membership in another REALTOR® Association _____ YES _____ NO

If yes, please identify your primary Association _____

Type / Print Name as shown on your License _____ Ms. _____ Mrs. _____ Mr. _____

Soc. Sec. #: _____ R.E. License #: _____

Residence Address: _____
(Street) (City) (ZIP)

Home Phone: (____) _____ Home Fax: (____) _____

Phone number you would like to have included on the MLS: (____) _____

Prefer to receive mail at _____ Office OR _____ Home

E-Mail: _____ Web Address: _____

Firm Name: _____ Firm MLS Office ID# _____

Firm Address: _____
(Street) (City) (ZIP)

Firm Phone: (____) _____ Firm Fax: (____) _____

Check your specialties: Appraisal Auction Buyer Broker Commercial Development Industrial Office International Investment
 Leasing Property Management Rehabs Residential Retail Multi-Family Other _____

Do you want to receive the weekly CommercialForum E-newsletter? Yes _____ No _____

Did you take your pre-licensing course with the REALTORS® Real Estate School within the past 12 months? Yes _____ No _____

REALTOR® Designations: _____

Professional designations: _____

Other Professional/Trade Association Memberships: _____

Civic, charitable, community or political involvement: _____

Are you interested in serving on C.A.R.'s political contact team for your Alderman/legislator? _____ If yes, please provide their name and note any affiliation you have with him/her: _____

Additional Languages Spoken: _____

(Over please. Both pages MUST be fully completed.)

Have you held membership in any other local REALTOR® Board? No _____ Yes _____

If yes, where: _____ When did you start at this board?: _____

When did you leave?: _____ What was your MLS ID number? _____

In the event of my election to membership, I agree to abide by the By-laws of the Chicago Association of REALTORS® and the code of Ethics of the National Association of REALTORS®. Upon the expiration of said membership for any cause, I will discontinue to use the designation "REALTOR®" and return to the Association all certificates, signs, seals or other indications of membership in the Association and any items which are the property of the Association.

I further certify that in signing this application all answers given on this application are true and correct and I authorize said Board through its representatives to make such investigation as may be considered advisable to verify the statements herein made by me. I give the Association permission to communicate with me via phone, email, and/or fax.

I agree to pay the established fees as are due and payable as long as I remain a member of this Association. **I understand that I am paying for pro-rated dues for the fiscal year 10/1 through 9/30.** I acknowledge that I will receive an invoice every August for the next fiscal year's annual dues. I understand that my dues payment is due IN C.A.R. OFFICES no later than 10/1. I understand that RPAC and C.A.R. Foundation amounts are voluntary. **I understand that all dues and fees paid to the association are non-refundable.**

I agree to attend an Orientation program as a prerequisite to my consideration for membership. Furthermore, **I agree to complete the orientation course and be installed as a member within a three-month period from the date of this application. Otherwise, I understand that all monies paid to the Association by me will be kept by the Association as its process fee and that it will be necessary for me to re-apply for membership, which will include the additional payout of all fees and costs.** I also agree to volunteer one additional hour toward an Association focus group.

I hereby authorize the Association to bill me MRED access charges, and I agree to pay MRED payments fully and punctually if I am joining a MRED office. I understand that if the monies are not received by the Association by the invoice due date, my MRED access will be suspended and that I will be required to pay a reactivation fee along with past due amount to have my MRED access re-activated.

I understand my office must be in compliance with all local zoning ordinances and homeowner and/or condominium association rules, regulations, and policies.

RPAC DONATIONS: The REALTORS® Political Action Committee (RPAC) is a non-profit, non-partisan organization whose purpose is to provide financial assistance to the election campaigns of qualified candidates.

The PAC receives voluntary contributions from REALTORS®, REALTOR® ASSOCIATES and others interested in the rights of private property ownership. The record, program and quality of candidate determine who gets PAC support. Its primary role is to support local elected officials/candidates.

Payments or contributions to Chicago Association of REALTORS®, the Illinois Association of REALTORS® and RPAC either state or federal, are not deductible as charitable contributions for federal income tax purposes. Local, state and national dues may be deductible as a business expense. Contributions to RPAC are voluntary and the amount listed for RPAC is merely a suggestion.

C.A.R. FOUNDATION DONATIONS: A 501(c)3 charitable organization, we are the education, philanthropic and research arm of the Chicago Association of REALTORS® Provide REALTORS® with opportunities to enhance their business through education; foster careers in real estate, and champion the professional image of the Chicago REALTOR®.

REEF – THE REAL ESTATE EDUCATION FUND: REEF is a fund established by the Illinois Association of REALTORS® to provide education dollars to you and REALTORS® across the state. IAR requests you consider making your contribution.

REALTOR® Association Communication Consent

I understand that by providing my mailing address(es), email address(es), telephone number(s), and FAX number(s), I consent to receive communications sent from the Chicago Association of REALTORS®, the Illinois Association of REALTORS®, and the National Association of REALTORS® via U.S. mail, e-mail, telephone, or facsimile at those number(s)/location(s) listed above.

Required Signature: _____
(Applicant)

Date: _____

I hereby certify that the named applicant for membership is an employee or associate actively engaged in real estate within my office; that I believe said applicant is honest, trustful and of good reputation, and I recommend that the named Board elect said applicant to membership.

Required Signature: _____
(Sponsoring Broker/Owner)

Date: _____

(Over please. Both pages MUST be fully completed.)

By default, agents are giving the following rights within ConnectMLS. Should you wish to disallow any of the following options, please check off the box and those checked will **NOT** be given to the agent. Rights can be updated in the future by sending an email request from the Broker to membership@chicagorealtor.com.

- | | |
|---|---|
| <input type="checkbox"/> Use custom reports | <input type="checkbox"/> Search tax records |
| <input type="checkbox"/> Hotsheets | <input type="checkbox"/> Enable advanced AMS search |
| <input type="checkbox"/> Open house/tours search | <input type="checkbox"/> Add/Edit own listings |
| <input type="checkbox"/> Search off-market listings | <input type="checkbox"/> Search active listings (requires search off-market listings) |
| <input type="checkbox"/> Use the financial tools | <input type="checkbox"/> E-mail listings/prospecting |

Above data MUST be fully completed on both pages.

Please be sure you are paying the current dues pro-ration. Application cannot be processed without payment in full.

C.A.R. accepts check, money order, Visa, MasterCard, American Express, and Discover. If paying with Visa / MasterCard / American Express / Discover, please complete the following:

Circle one: **Visa** / **MasterCard** / **American Express** / **Discover**

Number: - - -

Expires: _____ Authorized Signature: _____

Request for MRED MLS Participation Waiver for Leasing Agent

NOTE: only Leasing Agents that have an Illinois Leasing Agent License can qualify for this Waiver.

Leasing Agent First Name _____ Agent Last Name _____
 Agent ID _____ License # _____
 Office Name _____ Office ID _____

I understand that my access to all MRED systems, including connectMLS, will be deactivated as a result of this waiver. If I am found to be accessing or utilizing information from MRED systems, I will be in violation of the MLS rules and subject to fines, currently in the amount of \$2,500.00, as stipulated in MRED's Rules & Regulations. I agree I will rescind this waiver prior to accessing MRED systems in the future.

I also understand that if I request any other member of MRED, whether from my office or any other office, to access MRED systems on my behalf, myself, the other agent and both of our brokers will be in violation and subject to fines as appropriate.

Leasing Agent Signature: _____ Date: _____

Rescinded: _____ Date: _____

Broker First Name _____ Broker Last Name _____

Broker's Agent ID _____ Office ID _____

As Broker for the aforementioned Leasing Agent, I hereby authorize the aforementioned Leasing Agent to be placed on MLS Waiver. I attest that the Leasing Agent does not and will not access or utilize the MLS system or any information from it. I understand that if the Leasing Agent is found to be accessing or utilizing information from MRED systems, I, as Designated Realtor, will be in violation of the MLS rules and subject to fines, currently in the amount of \$2,500.00, as stipulated in MRED's Rules & Regulations.

I also understand that if the aforementioned Leasing Agent requests any other member of MRED, whether from my office or any other office, access MRED systems on behalf of the Leasing Agent, both offices will be in violation and fines will be issued to both offices (or two fines issued to my office if applicable).

Broker Signature: _____ Date: _____

I am hereby requesting a waiver by MRED of the requirement of MLS participation for the above named Leasing Agent, as this Leasing Agent does not and will not access or utilize the MLS system or any information from it.

Realtor Association Approved by: _____ Date: _____

MRED Received Date: _____ Deactivation confirmed Date: _____

Fully executed copy must be submitted to MRED.

This waiver is null and void without execution by Realtor Association.