

## Central Arizona Association of REALTORS®

600 E. State Hwy. 260, Suite 12, Payson, AZ 85541

Phone: 928-474-1944

[www.caaraz.com](http://www.caaraz.com)

### CHECKLIST FOR NEW MEMBERS

Please fill out all the required forms. Optional forms may be returned at your convenience. Forms may be hand delivered or emailed. Please allow 3-5 business days for processing. Applications may be expedited in 24 hours for \$150.

**PLEASE NOTE:** If your broker does not hold a membership with CAAR, your application will be rejected. **All new members must join under a CAAR member broker.** In addition, all new members are **required to attend In-Person New Member Orientation within 90 days** of joining. No exceptions.

#### REQUIRED FORMS:

- APPLICATION FOR REALTOR® (Pages 1-2 for Agent, Pages 1-3 for Broker)
- RIM COUNTRY MLS PARTICIPATION AGREEMENT
- LETTER OF GOOD STANDING (for Secondary Members, from your Primary Board)
- COPY OF REALTORS LICENSE
- COMMUNICATION PARTICIPATION FORM
- HEADSHOT and WEBSITE address for our CAAR Website.

#### OPTIONAL FORMS:

- SUPRA eKEY® CO-OP (\$50 for Secondary Members)
- Internet Data eXchange Agreement for Broker/Agent Website Use of MLS listing Data
- IDX/RETS FEED ADDENDUM: *MLS AUTHORIZATION FOR FBS TO PROVIDE DATA VIA RETS*  
Select one option at the top and return the completed form to CAAR for approval.

#### BROKERS:

- BROKER-AGENT / ADDENDUM KEY SAFE AGREEMENT  
Authorizes Agents to check-out Lockboxes at no cost on behalf of the Broker.

Please email or drop-off your membership paperwork to [shauna@caaraz.com](mailto:shauna@caaraz.com) and [brandy@caaraz.com](mailto:brandy@caaraz.com) and allow 3-5 days for processing. We are unable to process your application while you wait. You will be emailed a link to pay online with a credit card, or with a check payable to CAAR. Your membership will be finalized, and you will receive MLS access once payment is received.

Please let us know if you have any questions. We are open Monday - Friday, 8:00 AM to 5:00 PM, closed for lunch from 12:00 PM – 1:00 PM.

Welcome to CAAR!

*Nancy Lerma, Shauna Boyd & Brandy Schulteis*

[nancy@caaraz.com](mailto:nancy@caaraz.com), [shauna@caaraz.com](mailto:shauna@caaraz.com) & [brandy@caaraz.com](mailto:brandy@caaraz.com)

*Please add our emails to your email address book.*



## Application for REALTOR® Membership for CENTRAL ARIZONA ASSOCIATION OF REALTORS®

I hereby apply for REALTOR® Membership in the Central Arizona Association of REALTORS®, Inc. My payment for application fees, CAAR dues, and MLS fees, will be made promptly after receiving my invoice. My application fee and dues will be returned to me in the event of non-election. 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 Association, 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.

**PLEASE READ AND INITIAL BEFORE COMPLETING THE APPLICATION**

I understand that Membership is final only upon approval by the Board of Directors and may be revoked if the following requirements are not adhered to:

I agree to attend an **In-Person New Member Orientation** at the CAAR office within 90 days of my application date. Failure to attend will result in the severance of my membership according to Page 5 of the Association's bylaws.

I understand and agree that I will be required to complete periodic **Code of Ethics** training as specified on Page 6 in the Association's bylaws as a continued condition of membership.

Note: Dues are prorated based on month joining. If a Primary Membership, State and National dues will be added, if not previously paid within the calendar year. MLS Membership fees are additional.

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ NRDS# \_\_\_\_\_

Real Estate License #: \_\_\_\_\_ (Please include a copy of your license)

Licensed/certified Appraiser:  Yes  No Appraisal License #: \_\_\_\_\_

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

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

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

Office Phone: \_\_\_\_\_ Designated Broker Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

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

Website address: \_\_\_\_\_

Preferred Phone:  Home  Cell  Office Preferred Mailing:  Home  Office

Are you presently a member of any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held: \_\_\_\_\_ (Provide a letter of good standing)

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

If yes, name of Association and type of membership held: \_\_\_\_\_

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 Do you have a record of a recent or pending bankruptcy?  Yes  No (If yes, attach details.)

If you are now or have been a REALTOR®, indicate your NAR membership (NRDS) #: \_\_\_\_\_ and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_.

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 established. **NOTE:** Payments to the Central Arizona Association of REALTORS®, Inc. are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.      **Initial here.**

By signing below I consent that the REALTOR® Associations (local, state and 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.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Optional Information: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specialty:  Residential  Commercial  Resort  International  Other: \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_

Number of years engaged in the real estate or your specific area of business: \_\_\_\_\_

Why did you choose real estate (or appraising) for your profession? \_\_\_\_\_

What factors led you to the decision to join the Central Arizona Association of REALTORS®, Inc. \_\_\_\_\_

Tell us a couple things you would like the Board to know about you. \_\_\_\_\_

Are you involved in the community in any way – service clubs, committee participation, etc.? \_\_\_\_\_

Would you be interested in serving on a committee or the Board of Directors?  Yes  No

If yes, what are your interests? \_\_\_\_\_

**Are you a Designated Broker, principal, partner, corporate officer or branch office manager?**

Yes  No

**If YES, you must also complete the 3<sup>rd</sup> page of this application.**

**DESIGNATED BROKER/BRANCH MANAGER APPLICATION FOR REALTOR® MEMBERSHIP**

Company information:  Sole Proprietor  Partnership  Corporation  LLC(Limited Liability Company)

Your position:  Principal  Partner  Corporate Officer  Branch Office Manager

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 and give address:

Office License Number: \_\_\_\_\_

Office NRDS Number: \_\_\_\_\_

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 within the last three years? If yes, provide details:

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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. 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 Board, I shall pay the fees and dues, as established. **NOTE:** Payments to the Central Arizona Association of REALTORS®, Inc. are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.      **Initial here.**

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Dated: \_\_\_\_\_

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

# Central Arizona Association of REALTORS<sup>®</sup>, Inc.

## Rim Country Multiple Listing Service

### MLS Participation Agreement

Name of REALTOR<sup>®</sup>: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address: \_\_\_\_\_ NRDS # \_\_\_\_\_

I, \_\_\_\_\_, Designated REALTOR<sup>®</sup> and the real estate firm listed above, request Participation in the Rim Country Multiple Listing Service (MLS).

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 board/association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS<sup>®</sup> in accordance with the established procedures of the Association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

In requesting Participation, I agree that both the firm and the Designated REALTOR<sup>®</sup> will be responsible for all fees assessed to Participants, as well as any user fees which are due and payable for individual services rendered, as set forth in the fee schedule available to Participants. I understand, as the Designated REALTOR<sup>®</sup>, I am responsible for all licensees in my office and that the licensees access the MLS system through my Participation. Access and all services provided to said licensees will be invoiced to me and payment will be made to the MLS by me as the Designated REALTOR<sup>®</sup>. The firm also agrees that it is jointly and severally liable for all service fees.

As a Participant, I understand that the information obtained from the MLS is confidential marketing information, which is available only to Participants of the Service. I agree that we will not provide access to or information from the service to unapproved unlicensed individuals, non-Participating real estate licensees or members of the public at large. Violation of this provision is a violation of the CAAR Bylaws and the Rim Country MLS Rules and Regulations.

This Participation Agreement may be terminated upon a 30-day written notice to the MLS and can be terminated by the Rim Country MLS in accordance with the CAAR Bylaws and the Rim Country MLS Rules and Regulations.

REALTOR<sup>®</sup> signature: \_\_\_\_\_

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

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## **SUPRA eKEY® CO-OP FOR SECONDARY MEMBERS**

### **Why co-op my Supra eKEY® with CAAR?**

Agents who plan on listing properties in the CAAR MLS are REQUIRED to place CAAR lockboxes on their listed properties. To access these lockboxes, your key must be co-oped. Co-oping your key also allows you to show properties in the area.

### **How does it work?**

Co-oping simply means we allow your existing Supra eKEY® from your Primary Board to cooperate with our system. Co-oping your key DOES NOT create a new key. When you open the Supra app after being co-oped, your app information will not look different, which is often confusing to some.

### **What do I need to do?**

Provide the following information to CAAR:

- Agent's Name: \_\_\_\_\_
- Broker/Office: \_\_\_\_\_
- Supra eKEY® Serial Number \_\_\_\_\_
- Four digit PIN: \_\_\_\_\_
- Name of Primary Board: \_\_\_\_\_
- Pay \$50 Invoice (one-time fee).

Once we complete the process, we will notify you and request you to manually update your Supra app by pressing the "Update" icon at the bottom of the app. This allows the co-op to take effect on your device.

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



## Communication (SMS, Text) Participation

### What is SMS messaging?

CAAR uses SMS (text) messaging as an additional means of serving our members.

### What does CAAR use SMS messaging for?

You can expect text messages for event and billing reminders, scheduled class reminders, and important notices. Members can respond to these messages with further questions or text our phone number for customer service help. Responses will go directly to our office staff.

### Will I be receiving automated messages?

No, all text messages are sent directly from CAAR staff. Your responses will always reach a real person in our office.

### Will I receive annoying spam messages?

No, you can expect to receive one or two text messages from CAAR per month. These messages will be pertinent to your membership with CAAR. You will always have the option to opt-out if you no longer want to receive messages from us.

Do you consent to receiving text messages from CAAR?    Yes     No

Agent Name: \_\_\_\_\_

Agent Cell Number: \_\_\_\_\_