Secondary REALTOR® Membership Application

PLEASE NOTE: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

I hereby apply for REALTOR® Membership in the Greater Capital Area Association of REALTORS® ("the Association").

Application Fees and Dues: Enclosed is payment in the amount of $_____ for my membership dues. GCAAR waives the application fee for secondary membership. **See the final page of this application for amounts.**

Qualifications for Membership: I understand that membership brings certain privileges and obligations that require compliance, including the following:

- Membership in the Association necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- All GCAAR members, whether subscribers of SentriLock (or subsequent lockbox provider) or not, agree to abide by the SentriLock Rules and Regulations . They also agree that potential violations shall be adjudicated through the SentriLock Violations Process and subject to the citation schedule, if applicable.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association's bylaws.

NOTE: *The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.*

Contact Information

Title *First Name* *MI* *Last Name* *Nickname*

*(*Name as listed on your Real Estate, Appraiser, or Property Management license.)

Home Address *Suite #* *City* *State* *Zip Code*

Work E-Mail *Billing Email*

Cell Phone Number *Home Phone Number* *Date of Birth*

Real Estate/Appraiser/Property Manager License Information

MD License # *MD Lic. Exp. Date* *D.C. License #* *D.C. Lic. Exp. Date*

Which local REALTOR® association do you hold your primary REALTOR® membership with:

Company Information

Company Name (as stated on license) *Direct Office Phone*

Company Address *Suite #* *City* *State* *Zip Code*

Preferred Contact Information

Mailing Address: ☐ Home ☐ Office

Phone Number: ☐ Home ☐ Office ☐ Cell

Member Directory Phone: ☐ Home ☐ Office ☐ Cell

Certification

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 as from time to time established. NOTE: Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds shall be extended except for a refund requested in writing within thirty (30) calendar days after the first of the month in which elected to membership, less $100 for processing. I understand that in the event I am not eligible for membership in the category indicated, or if I am not elected to membership, the advanced dues and fees will be refunded to me, less $100 for processing.

I irrevocably waive all claims against the association or any employees, officers, directors or members for any act or omission in connection with the business of the association, including the interpretation and/or application of the Bylaws, Policies and Procedures of the association and the acceptance of or failure to accept, advance, suspend, expel or discipline me as a member of the association.

I understand that the Greater Capital Area Association of REALTORS® may terminate my membership if this application contains misrepresentations or I fail or refuse to comply with the conditions of membership as stated in the Bylaws, Policies and Procedures and Regulations of this association and the National Association of REALTORS®. Further I agree that if I resign or am terminated from membership with any outstanding dues and fees (including any costs and sums previously awarded by the Arbitration Hearing Panel in conjunction with arbitration proceedings), the Board of Directors may condition renewal or reinstatement of membership upon my payment of said fees.

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

Application by

Signature	Name Printed	Date

Submit a letter of good standing from your primary REALTOR® association with your application.

I (the Designated REALTOR®/ Office Manager/Broker) have carefully reviewed this application and the membership information contained herein and have determined it to be true and correct to the best of my knowledge.

Certified by

Signature of Office Manager or Broker	Name Printed	Date

Secondary REALTOR® Membership Dues and Fees

Agent / Broker / Appraiser / Property Manager

Please note: A dues waiver/letter of good standings must be provided from your Primary REALTOR® Association along with this payment. If not, the membership application cannot be processed.

November 2026 - December 2027

	Local Only
Application Fee ($150)	*waived*
GCAAR Dues	$377.50
Total	**$377.50**

NOTE: Annual dues are invoiced typically in October and due by November 30th of the preceding year. **(i.e. 2028 annual dues invoice will be due by November 30, 2027.)**

Method of Payment

Check # _____ is enclosed in the amount of _____, payable to GCAAR.

Credit card (American Express, Discover Card, MasterCard, or Visa)

_____ _____

Card Number *Exp Date*

I authorize GCAAR to charge my credit card $ _____.

_____ _____ _____

Signature Name Printed Date

Membership in GCAAR is held by individuals, not companies. Membership benefits therefore, cannot be transferred to other individuals within the same company. All dues and fees are non-refundable. All payments must be received with the proper completed application.