



PSAR South County Service Center
 880 Canarios Court, Ste. 100
 Chula Vista, CA 91910
 Office: 619-421-7811
 Fax: 619-421-0087

PSAR East County Service Center
 1150 Broadway
 El Cajon, CA 92021
 Office: 619-579-0333
 Fax: 588-6510



APPLICATION FOR MEMBERSHIP

I wish to apply for the following category of membership (check all applicable boxes)

REALTOR®

Secondary REALTOR®

Designated REALTOR®

AGENT INFORMATION

Name (as it appears on your licence): _____

Name (as it should appear in our roster): _____

Home address: _____

Street

City

State

Zip

Which do you want as your primary mailing address: _____

Firm

Home

Cell phone number: _____

Preferred Fax Number: _____

Birthdate: _____

DRE
License #:

Expiration
Date:

Email Address: _____

OFFICE INFORMATION

Firm Name: _____

Firm Address: _____

Street

City

State

Zip

Firm phone Number: _____

Firm Fax Number: _____

SIGNATURE

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

Signature of Applicant _____

Date of Signature _____

Signature of Designated REALTOR® (your broker) _____

Date of Signature _____

GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

BYLAWS, POLICIES AND RULES. I agree to abide by the bylaws, policies and rules of the Pacific Southwest Association of REALTORS®, the bylaws, policies and rules of the California Association of REALTORS®, the constitution, bylaws, policies and rules of the National Association of REALTORS®, all as may be amended.

Applicant's Initials

USE OF THE TERM REALTOR®. I understand that the professional designations REALTOR® is a federally registered trademark of the National Association of REALTORS® ("N.A.R.") and use of these designations are subject to N.A.R. rules and regulation. I agree that I cannot use this professional designation until this application is approved, all my membership requirements are completed, and I am notified of membership approval in one of these designations. I further agree that should I cease to be a REALTOR® I will discontinue use of the term REALTOR® in all certificates, signs, seals or any other medium.

Applicant's Initials

ORIENTATION. I understand that I must attend orientation WITHIN 2 OFFERINGS of APPLICATION DATE or my REALTOR® membership status will be terminated. FREE orientation, including DRE approved Ethics training is offered once every other month.

Applicant's Initials

NO REFUND. I understand that Association membership dues are NON-REFUNDABLE. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues.

Applicant's Initials

AUTHORIZATION TO RELEASE AND USE INFORMATION; WAIVER. I authorize the Association or its representatives to verify any information provided by me in this application by any method including contacting the California Department of Real Estate, my current or past responsible broker or designated REALTOR®, or any Association where I held, or continue to hold, any type of membership. I further authorize any Association where I held, continue to hold, any type of membership to release all my membership or disciplinary records to Pacific Southwest Association of REALTORS®, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of action against the Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.

Applicant's Initials

PERMISSION TO COMMUNICATE. By signing this application, I authorize the Association, (including local, state and national) or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. Mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered by the Association.

WAIVER OF ARBITRATOR DISCLOSURE REQUIREMENTS. By signing below, I expressly agree that all arbitrations pursuant to the California Code of Ethics and Arbitration Manual ("Manual") shall be governed by the Manual, and I specifically agree to waive the arbitrator disclosure requirements of the provisions of the California Ethics Standards for Neutral Arbitrators in Contractual Arbitration in California and California Code of Civil Procedure Section 1281.9(a)(2),(3),(4) and (b) 1281.85, which require disclosure by REALTOR® arbitrator of information about prior arbitrations that is confidential under the rules of the California Association of REALTORS® and National Association of REALTORS®.

REALTOR® ARBITRATION AGREEMENT. A condition of membership in the Association as a REALTOR® is that you agree to binding arbitration of disputes. As a REALTOR® (including Designated REALTOR®) member, you agree for yourself and the corporation or firm for which you act as a partner, officer, principal or branch office manager to binding arbitration of disputes with (i) other REALTOR® members of this Association; (ii) with any member of the California or of REALTORS®; and (iii) any client provided the client agrees to binding arbitration at the Association.