



361 2nd Street NW
Hickory, NC 28601

Phone 828.322.8249

Dear Secondary REALTOR® Applicant:

Congratulations and welcome to the Catawba Valley Association of REALTORS®, Inc.

PLEASE READ THE APPLICATION CAREFULLY BEFORE COMPLETION AND SIGNING.

Association dues (see attached prorated schedule) and **\$250.00 joining fee** are due upon submission of application.

If paying by check, please make payable to: Catawba Valley Association of REALTORS® (CVAR).

Should you, in the future, transfer to another firm, a \$50.00 transfer fee is due to the Catawba Valley Association of REALTORS®, along with a CVAR Transfer Form which can be obtained from the Association office. Make check payable to CVAR.

We look forward to working with you, and should you have any questions, please give us a call.

Sincerely,

Beth Hensley
Association Executive

**Applications are processed within hours of receipt. If for any reason you withdraw your membership, a portion of the application fee is refundable, provided you notify the board office within the first 72 hours of membership. Any request made beyond the initial 72 hours cannot be considered.*

CATAWBA VALLEY ASSOCIATION OF REALTORS®, INC.

2024 DUES SCHEDULE

Secondary Membership pays LOCAL dues only.

The Primary Association collects NC REALTORS® and NAR dues.

MONTH	LOCAL
January	\$165.00
February	\$151.25
March	\$137.50
April	\$123.75
May	\$110.00
June	\$96.25
July	\$82.50
August	\$68.75
September	\$55.00
October	\$41.25
November	\$27.50
December	\$13.75

and last date (year) of completion of NAR's Code of Ethics training requirement: _____

Are you a principal, partner, corporate officer or branch office manager? Yes No
If yes, you must also complete Section 2 of this application.

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 Catawba Valley Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, 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: _____

SECTION 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS

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

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm:

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:

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:

Do you hold, or have you ever held, a real estate license in any other state? Yes No
If so, where:

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

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:

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 from time to time established. **NOTE:** Payments to the Catawba Valley Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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Dated: _____

Signature: _____



**Catawba Valley Association of
REALTORS® 361 2nd St NW
Hickory, NC 28601
Phone: 828-322-8249**

DEBIT/CREDIT CARD CHARGE AUTHORIZATION FORM

If you would like to have your invoices automatically charged to your card please fill out and return this form to info@catawbavalleyrealtors.com. You will be sent a receipt so you will have a copy for your records.

All personal data information is encrypted and protected by Secure Sockets Layer (SSL).

This is to authorize the Catawba Valley Association of REALTORS® to charge my invoices to a credit/debit card for the following dues and fees.

Please check all that are applicable:

- Annual Association dues
- New Member Application Fee (never pro-rated)
- New Member Association Dues (if joining after January, dues are pro-rated)
- Transfer fee

Card type: Visa MasterCard American Express Discover

Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Expiration Date: __/__

Member Name _____ NCREC # _____

Name on Card _____

Billing Address for Card _____

Signature _____ Date _____