



**300 S. Mahoney Drive, Ste C-14, P.O. Box 2485
Telluride, CO 81435**

Phone:(970) 728-5172

Fax:(970) 728-5270

Dear Potential Telluride Association of REALTORS Member,

Attached please find all of the necessary paperwork to become a member of the National, Colorado, and Telluride Association of REALTORS. As a member of the Association of REALTORS, you receive a number of benefits:

- Use of the term REALTOR®
- Updates and information on issues affecting the real estate industry
- Tracking of your Continuing Education requirement needs for license renewal
- Excellent real estate courses taught by real estate professionals
- Ability to subscribe to the Multiple Listing Service
- Code of Ethics
- REALTOR® promotional rates with other businesses (ie. Dell, AT&T Wireless, UPS, etc.)
- And many more...

In order to become a member of the Association of REALTORS®, you must be approved by our local Board of Directors.

Please submit your completed application to the Telluride Association of REALTORS®' Office. A LETTER of Good Standing must be sent with this Application if you are becoming a Secondary Member or Transferring from another Board to become Primary.

Access to the MLS will not be granted until the Board has approved membership!

Please read all of the attached information carefully and feel free to contact me with any questions you may have, (970) 728-5172.

Sincerely,

Robyn Pale
Executive Vice-President

Other TAR Membership Fees:

REALTOR® Application Fee:	\$2,000 for all new applicants
New Office Application Fee:	\$3,000 for all new offices (including independent proprietorships)
Branch Office Application Fee:	\$1,000 for new branch offices currently affiliated with TAR MLS Subscribers only.
Transfer Fee:	\$200.00 for any REALTOR/MLS member who transfers offices.

MLS Fees/ billed Quarterly:

Designated Realtors	\$56
Realtors	\$48

*The monthly MLS fees are subject to change every six months.

MLS New Listing Fee: \$20.00

Other Membership Requirements:

- Within 3 months of Board approval, new member must attend an MLS training session with the MLS Coordinator, approximately 1 hour. *Please call the MLS Coordinator to schedule your training time.*
- An Orientation Class must be attended within the first 6 months of Membership.
- Within the first year of the date of election to membership each REALTOR Member of the Board shall be required to demonstrate that they have completed a 6-hour course of instruction on the Code of Ethics.
- Within the 2nd or 3rd year of Membership, all REALTOR members must demonstrate that they have completed a minimum of a 2.5-hour course of instruction in The Professional Standards of Real Estate Course. A second course will need to be taken within that next 4 years.
- After the first year of state renewal, all REALTOR® members must demonstrate that they have completed a minimum of a 2.5-hour course of instruction on the Code of Ethics at least once every 2 years.

Failure to meet these requirements results in suspension of TAR Membership and inactivation in the MLS.



APPLICATION FOR REALTOR® MEMBERSHIP

REALTOR®

To the Telluride Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of **\$ 2,000 for a one-time personal application fee, \$ _____ for my 2024 dues, and \$3,000* for a new office application fee (*applicable to ALL new offices including independent proprietorships) payable to the Telluride Association of REALTORS®.** My application fee and 2023 dues will be returned to me in the event of non-election. Dues for the current year and application fees are non-refundable once membership has been approved and accepted. 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 Board, 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. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

* Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

Name: _____ Real Estate License #: _____
Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____
Office Name: _____

Are you presently a member of any other Association of REALTORS®? _____

If yes, name of Association and type of membership held: _____

****Are you applying for a new Office? If Yes, please call the TAR Office ASAP before filling out the rest of the application_____**

Have you previously held membership in any other Association of REALTORS®? _____

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? _____ (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____ 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? _____ If yes, you must also complete page 2 section 2 of this application.

Have you ever been refused membership in any other Association of REALTORS®? _____

If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Have you 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 Telluride Board 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: _____

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 business: _____

2) APPLICATION FOR REALTOR® MEMBERSHIP CONTINUED: 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 Agents /Partners in your firm (As it pertains to the CREC/DORA website)** _____

Have you ever been refused membership in any other Association of REALTORS®? _____

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? _____

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? _____

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 Telluride 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: _____

Telluride Association of REALTORS® First Time Homebuyers Assistance Fund

Guidelines for Broker Participation

The Telluride Association of REALTORS set up the First Time Homebuyers Assistance Fund in 2002. Your participation will make a difference!

Individual Real Estate Brokers are not obligated to participate in the Fund. Participation is voluntary. For those who choose to participate, the process is as follows:

For every closed transaction, you donate your choice of the following levels of contribution:

- \$200
- \$100
- \$50
- \$25 per agent, per side

Advantages of participation:

- Participants will provide financial resources to individuals and families in need of financial assistance as first time homebuyers.
- Provide home ownership opportunities within the local region served by the Telluride Association of REALTORS.
- Gain frequent and consistent publicity and increase your image with thank you advertisements including individual broker's names in the Daily Planet.

How to participate:

- Send or deliver the attached participation form via email, hard mail or fax to the Telluride Association of REALTORS indicating your participation in the Telluride Association of REALTORS First Time Homebuyers Assistance Fund. This form will be copied to the title companies. Please mail, email or fax your form to:

Telluride Association of REALTORS
PO Box 2485
Telluride, CO 81435
970-728-5270 fax
admin@telluriderealtors.net



Telluride Association of REALTORS®
ESTABLISHED 1987

First Time Homebuyer's Assistance Fund

BROKER PARTICIPATION AUTHORIZATION FORM

Name of Broker: _____

Office: _____

Email: _____

By signing this form, I agree to participate in the following level of contribution (please check one from the list below):

- _____ **\$200.00**
- _____ **\$100.00**
- _____ **\$50.00**
- _____ **\$25.00**

Once a property has closed, the amount indicated above will be deducted from your commission on each side of a transaction you are involved with and deposited into a TAR non-profit escrow account to assist First Time Homebuyers in the local region served by the Telluride Association of REALTORS®. I understand my name will be listed in semi-annual newspaper advertisements under the level I have specified.

Signature Date

Please return this form to TAR
Fax-728-5270 fax, Email: office@telluriderealtors.net
or PO Box 2485, Telluride, CO 81435



Telluride Association of REALTORS®
ESTABLISHED 1987

Brooks "Hoot" Brown Scholarship Fund

BROKER PARTICIPATION AUTHORIZATION FORM

Name of Broker: _____

Office: _____

Email: _____

By signing this form, I agree to participate in the following level of contribution (please check one from the list below):

- _____ **\$200.00**
- _____ **\$100.00**
- _____ **\$50.00**
- _____ **\$25.00**

Once a property has closed, the amount indicated above will be deducted from your commission on each side of a transaction you are involved with and deposited into a TAR non-profit escrow account to assist the Brooks "Hoot" Brown Scholarship Fund served by the Telluride Association of REALTORS®. I understand my name will be listed an annual newspaper advertisement under the level I have specified.

Signature

Date

Please return this form to TAR
Fax- 728-5270, Email- office@telluriderealtors.net or
PO Box 2485, Telluride, CO 81435



Fax, Phone, and Email Agreement (in order to comply with FCC Do Not Call/Fax rules)

By signing below, I hereby grant permission to the Telluride Association of REALTORS® to send faxes and Emails to the phone/fax numbers I have provided to them. I also agree that the Telluride Association of REALTORS® may call me at the phone number(s) I have provided. If I do not wish to have all or any portion of my contact information made public, I understand that I may indicate so, in writing, on this application or at any point in the future.

Name: _____

Signature: _____

Date: _____