



123 E. Old Settlers Blvd., Round Rock, TX 78664  
P: 512.255.6211 | F: 512.255.0666 | www.wcaor.org

**APPLICATION AND AGREEMENT FOR NEW OFFICE AND/OR  
DESIGNATED REALTOR® MEMBERSHIP**

A Designated REALTOR® must have an active Texas Real Estate Broker License or Texas State Certified Appraiser Certificate and no current or pending bankruptcy. Fully complete the application and return it to WCAOR.

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**Designated REALTOR® Personal Information:**

1. Broker Name as licensed: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Texas Real Estate License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Certified Appraiser T.R.E.C. Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Licensing State: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone Number's: Check **ONE** box to indicate the number that will be your primary contact number.

Home Number: \_\_\_\_\_  Cell Number: \_\_\_\_\_

Voice Mail/Pager: \_\_\_\_\_  Personal Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web site: \_\_\_\_\_

\*Ethnicity: \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Answers are optional

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**Firm Information:**

2. Name of Office: \_\_\_\_\_  
Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Office E-mail Address: \_\_\_\_\_ Office Web site: \_\_\_\_\_  
Corporate License No: \_\_\_\_\_  
Type:  Sole Proprietorship  Partnership  Corporation  LLC

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3. Have you held, or do you hold, membership in the Williamson County Association of REALTORS® or another Board/Association of REALTORS®?  Yes  No

If yes, list Board/Association name: \_\_\_\_\_

Did you attend an orientation class at the above Board/Association?  Yes  No

If yes, date attended: \_\_\_\_\_

4. Address of any branch office: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

5. List names of all licensed persons with your firm (Attach separate sheet(s) if necessary):

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

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

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

**Please Note:** Designated REALTORS® (DR's) have 30 days to report any new individuals licensed with their firm either directly or indirectly (indirectly means through another broker in the firm or a corporation in which the DR has an ownership interest or management position). Any licensee not reported to WCAOR after 30-day period will show up in the data that comes from TAR quarterly. The DR of these unreported individuals listed in the TAR report, are then billed directly by WCAOR for sponsorship dues. If the DR does not pay the invoice or require the licensee to fulfill membership criteria, the DR will be subject to suspension and ultimately termination of membership. There is NO opportunity to return licensees to TREC once the sponsorship dues are billed. To avoid future liability concerning sponsorship dues, the DR should return the license(s) to TREC and maintain a copy in their files. This refers to all licensees (real estate or appraisal trainees) whether they are actively working or not.

6. Are you a member of an institute, society or council affiliated with National Association of REALTORS®  Yes  No  
If yes, please indicate the name of the affiliate: \_\_\_\_\_

7. What professional designations, if any do you hold? \_\_\_\_\_

8. Do you hold, or have you ever held, a real estate license in any other state?  Yes  No  
If yes, with which state: \_\_\_\_\_

9. Have there been any official sanctions of your real estate license, in this or any other state within the last five years?  
 Yes  No  
If yes, specify the substance of each sanction, the agency issuing such sanction, and current status or resolution of such complaint (attach separate sheet(s) if required)

\_\_\_\_\_

\_\_\_\_\_

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceeding or have you or any real estate firm in which you are sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three years?  Yes  No

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto (attach separate sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** Applicant acknowledges that if the applicant, or any real estate firm in which the applicant is a sole proprietor, general partner or corporate officer is involved in any pending bankruptcy or insolvency proceeding or has been adjudged bankrupt in the past three years, the Association may require as a condition of membership that the bankrupt applicant pay cash in advance for Association fees for up to one year from the date the membership is approved or from the date that the applicant is discharged from Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one year from the date that the member has been discharged from bankruptcy.

10. Are there now any pending or unresolved complaints, or have there been within the past three years any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government?  Yes  No

If yes, specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint (attach additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

11. Do you have any disabilities which require special accommodations including the provision of auxiliary aids and services?  
 Yes  No Please attach a written description of needs.

If yes, specify the substance of each sanction, the agency issuing such sanction, and current status or resolution of such complaint (attach separate sheet(s) if required).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Have there been any official sanctions of your real estate license, in this or any other state within the last five years?  Yes  No



I do hereby request and authorize, any person or persons to furnish any information and to answer all questions asked concerning my credit worthiness or moral character in connection with this application and I agree that any information and comment furnished to the Association by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character. The foregoing facts and statements are true to the best of my knowledge and belief.

I hereby apply for Designated REALTOR® membership in the Williamson County Association of REALTORS®, (WCAOR). In the event my application is approved, I agree as a condition to membership to complete the indoctrination course, if any, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitution, Bylaws, and Rules and Regulation of the Williamson County Association of REALTORS®, the Texas Association and the National Association. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time-to-time amended.

**Please Note:** Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceedings and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

**Please Note:** Dues payments to the Williamson County Association of REALTORS® are not deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. A portion of your dues that is spent for lobbying the state or federal government is not deductible for income taxes. I further understand subscription fees to the Texas REALTOR® and Today's REALTOR® magazines are included in my dues payment. I understand dues payments are not refundable.

I agree, if my membership is approved as a Designated REALTOR® of WCAOR, I will pay the prescribed dues and fees in accordance with the Bylaws of the Association, from time-to-time in effect. I agree to assume responsibility of reporting, in writing, all names of persons to WCAOR, within thirty days, who become licensed with me as an employee or affiliated with me as an independent contractor (see question five above).

I further acknowledge that I am aware of the zoning ordinances effecting my office location(s) and acknowledge that my current and/or future office location(s) will be in compliance.

If this application is withdrawn prior to the first available orientation, a \$100 processing fee will be deducted from the \$250 application fee before a refund is made. If a withdrawal request is made after the first available orientation, no refund will be made of dues or application fee. The applicant must make all requests for withdrawals and /or refunds of application fees in writing. If applicable, all REALTOR® member applicants are required to attend the orientation within 120 days. Services are subject to the attendance of orientation and approval of the Board of Directors.

"This contract is subject to arbitration under the Texas General Arbitration Act".

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, may be grounds for revocation of my membership if granted.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**For WCAOR Office Use Only:**      WCAOR Member: Yes/No      Date: \_\_\_\_\_ NRDS No:  
\_\_\_\_\_ DR NRDS No: \_\_\_\_\_

DR® Primary     DR® Secondary    COE: \_\_\_\_\_ Orientation: \_\_\_\_\_

If yes, with which state: \_\_\_\_\_

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6/13/2012