Reach Further.™

Sarasota Location

Bradenton Location

2320 Cattlemen Road, Sarasota, FL 34232

2901 Manatee Ave W, Bradenton, FL 34205

(941) 952-3400 Fax (941) 952-3401

www.MyRASM.com email: Membership@MyRASM.com

COMMERCIAL AGENT APPLICATION REQUIREMENTS FOR MEMBERSHIP APPLICATION PROCESS

- *Submit a completed and signed application and License must be active on the DBPR's website
- *Include method of payment. (Check, Visa, Master Card, or American Express)
- *Please Note: When changing firms, you will incur a transfer/admin fee.

App. Received	App. Fee	RASM Dues	FR ¹ Dues	NAR ² Dues	FR ³ PAC	MFCRE ⁴ Fees	Total
			Primar	у			
Jan 1/Jan 31	\$150.00	\$204.00	\$176.00	\$185.00	\$20.00	\$323.75	\$1,058.75
Feb 1/Feb 28	\$150.00	\$187.00	\$166.33	\$172.50	\$20.00	\$284.00	\$979.83
Mar 1/Mar 31	\$150.00	\$170.00	\$156.67	\$160.00	\$20.00	\$244.25	\$900.92
*Apr 1/Apr 30	\$150.00	\$153.00	\$147.00	\$147.50	\$20.00	\$681.50	\$1,299.00
*May 1/May 31	\$150.00	\$136.00	\$137.33	\$135.00	\$20.00	\$641.75	\$1,220.08
Jun 1/Jun 30	\$150.00	\$119.00	\$127.67	\$122.50	\$20.00	\$602.00	\$1,141.17
July 1/July 31	\$150.00	\$102.00	\$118.00	\$110.00	\$20.00	\$562.25	\$1,062.25
Aug 1/Aug 31	\$150.00	\$85.00	\$108.33	\$97.50	\$20.00	\$522.50	\$983.33
Sept 1/Sept 30	\$150.00	\$68.00	\$98.67	\$85.00	\$20.00	\$482.75	\$904.42
Oct 1/Oct 31	\$150.00	\$51.00	\$89.00	\$72.50	\$20.00	\$443.00	\$825.50
^Nov 1/Nov 30	\$150.00	\$238.00	\$225.33	\$245.00	\$20.00	\$403.25	\$1,281.58
^Dec 1/Dec 31	\$150.00	\$221.00	\$215.67	\$232.50	\$20.00	\$363.50	\$1,202.67

To be a Secondary Realtor® Member of RASM who already is a member of MFCRE: (Application fee + RASM dues) To be a Secondary Realtor® Member of RASM and be a member of MFCRE: (Application fee +RASM dues + MFCRE) If joining RASM from out of state need to join FR also.

³FR PAC is voluntary, industry protection against harmful legislation/regulation. When paid, you will receive a

Florida Realtors® Pin. (See page 4) *

⁴MFCRE Fees includes \$125 one time activation fee. If a current Stellar MLS subscriber, activation fee is \$50 (subtract \$75 from the amount above).

If you were a member of NAR for the previous calendar year, NAR reinstatement fee for the current year will be \$185 If you were a member of FR for the previous calendar year, FR reinstatement fee for the current year will be \$176

To be a subscriber in Stellar MLS, please see Agent Residential application.

Association dues are collected annually on Dec 15th

Membership Dues/Fees are Non-Refundable

^{*}Includes Pro-rated MFCRE fees for April/May 2022 & Annual MFCRE fees from June 2022 to May 2023

[^]Includes Pro-Rated Association Fees for Nov & Dec 2021 and all Annual Association fees for 2022

¹FR Dues includes \$30 Processing Fee and a \$30 Issues Advocacy Assessment.

²NAR Dues includes \$35 Public Awareness Campaign Assessment.

Sarasota Location

Bradenton Location

2320 Cattlemen Road, Sarasota, FL 34232

Office Phone # Office Fax #

Website(URL) _____

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www.MyRASM.com email: Membership@MyRASM.com

COMMERCIAL AGENT APPLICA	ATION				
TYPE : ☐ Primary Member-Realtor® Association of Sarasota and M	lanatee is primary board				
☐ Secondary Member-Primary board membership is with another Association					
Primary members are those who pay their FR and NAR dues through RASM membership in RASM. Secondary membership is available only to REALTORS® was Association. Secondary REALTORS® must provide a letter of good standing from the paid the state and national dues for current year.	vhose Primary membership is in another				
I hereby apply for membership in the REALTOR® Association of Sarasota and Manatee, in the payment for the required dues and fees, which are NOT refundable . I agree that, if accepted for from time to time established. I agree as a condition of membership to thoroughly familiarize my ASSOCIATION OF REALTORS® (NAR), including the duty to arbitrate business disputes in ac <i>Arbitration Manual</i> of NAR and the Constitution, Bylaws, and Rules and Regulations of RASM, further agree that my act of paying dues and fees shall evidence my initial and continuing comm Constitution, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time ame	or membership, I will pay the dues and fees as yself with the Code of Ethics of the NATIONAL cordance with the <i>Code of Ethics and</i> the Florida REALTORS® (FR), and NAR. I nitment to abide by the Code of Ethics,				
I acknowledge that RASM will maintain a membership file of information which may be shared with other boards/associations where I subsequently seek membership. This file shall include previous applications for memberships: all final findings of Code of Ethics violations and violations of other membership duties within the past three years: pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties: incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to RASM or its MLS.					
I acknowledge that if I subsequently resign from the Association or otherwise cause my membership to terminate with an ethics complaint pending, the Association may condition renewal of membership upon my certification that I will submit to the pending ethics proceeding and will abide by the decision of the Hearing Panel. If I resign or otherwise cause membership to terminate, the duty to submit arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while I was a REALTOR®					
Please PRINT or TYPE to ensure accuracy					
Name as Shown on License					
Home Address					
City State Zip	Association Use Only				
Home Phone # Cell Phone #	Member #				
Home Fax # Date of Birth/ Sex	RASM Pswd				
Nickname (will show in the MLS)	MLS ID#				
Your E-Mail	MLS Pswd				
Firm Name	NRDS#				
Office Address	CK or MC or V or AmEx				
City State Zip	Total Paid				

License Type: 🗌 BK-Broke	er 🗌 SL-Salesperson 🗎 RD/RZ/RI-Certified Residential Appraiser (Trainee)	
License #	License Expiration//	
Preferred Phone	\square (H) Home \square (O) Office \square (C) Cell	
Preferred Fax	☐ (H) Home ☐ (O) Office	
Preferred Mailing	\square (H) Home \square (O) Office	
RASM Magazine Delivery N	lethod \square (M) Mail \square (E) Email/Electronic Copy (The Greener Choice)	
Foreign Languages Spoke	1	
Are you presently a member	er of any other Association of REALTORS®? 🔲 Yes 🔲 No	
If yes, name of Association	and type of membership held:	
Have you previously held r	nembership in any other Association of REALTORS®? Yes No	
If yes, name of Association	and type of membership held:	
	elation of the Code of Ethics or other membership duties in any Association of ree (3) years or are there any such complaints pending? Yes No In attachment.)	
If you are now or have ever	been a REALTOR®, indicate your NAR membership (NRDS) #	and
last date (year) of completi	on of NAR's Code of Ethics training requirement:	
Have you ever been refuse	d membership in any other Association of REALTORS®? Yes No	
If yes, state the basis for ea	ch such refusal and detail the circumstances related thereto:	
	ver held, a real estate license in any other state? Yes No	
Have you been found in vio	lation of state real estate licensing regulations or other laws prohibiting unprofessiona	al
conduct rendered by the co	ourts or other lawful authorities within the last three years? If yes, provide details:	
-	f a felony or other crime? If yes, provide	·

By signing below, I consent that the REALTOR® Association of Sarasota and Manatee (local, state, national) and their subsidiaries, if any (e.g., MFRMLS) 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. I agree to hold harmless the Association of Realtors®, its staff and agents, for use of my email address(es) and phone number(s).

I understand that I will be granted provisional membership upon submission and processing of completed application. I further understand that if I fail to attend the mandatory courses in person, within 90 days, my membership will be terminated.

I hereby certify that all information supplied by me is correct.

Total Paid or Charged to Credit Card \$

Signature of Cardholder:

Type of Card:

Signature_	Da	nte	
Member Signature			
PRINT AGENT REALTOR® NAME			
SIGNATURE BROKER/DESIGNATED REALTON	R® NAME		
Note: Dues payments to the REALTOR® Association o	of Sarasota and Ma	anatee,	are not tax deductible as
charitable contributions. Portions of such payments ma	y be deductible as	s ordina	ry and necessary
business expenses. When a REALTOR® moves their		e from o	ne Brokerage Firm to
another Brokerage Firm you will incur a \$20 administra	uon transier iee.		
PAYMENT METHOD:			
☐ Check # ☐ MasterCard ☐ Visa			
□ Clieck # □ IviasterCard □ Visa	L AIVILA		
Card #	Exp. Date:	1	CVV

Association-Local, State & National dues are collected annually on Dec. 15th MLS fees are collected from Stellar MLS annually by May 15th

☐ Check here to remove \$20 FR PAC Assessment* (will not receive Florida Realtors® Pin)

☐ Individual ☐ Corporate

Name (Exactly as printed on card):

*Contributions are not deductible for federal income tax purposes. Contributions are voluntary and will be used for political purposes. Contributions are not a condition of membership in the Association and a member may refuse to contribute without reprisal. Seventy percent of each contribution is provided to the Florida Realtors PAC in Florida to support state and local candidates and state and local issues. The balance is sent to the National Association of REALTORS® Political Action Committee and will be charged against your contribution limits prescribed by 52 U.S.C 301106, except in the case of Major Contributors of \$1,000 or more, in which case the balance is provided to the National Association of REALTORS® Political Advocacy Fund for use for federal political purposes.



MY FLORIDA COMMERCIAL REAL ESTATE MEMBERSHIP APPLICATION Agent/Subscriber

Date	/	/ /	1

FIRM INFORMATION	□ MFCRE	only	□Add MFCRE to MLS	S MATRIX
Firm Name:	Firm MLS #:			
Firm Address:				
Firm Address:Street/P.O.	./Apt	City	State	Zip
Firm Phone#:		_ Fax #:		
E-Mail:		_Web:		
AGENT INFORMATION			MFCRE to MATRIX	
□ New Agent □ Activate □ T	ransfer Reinsta	atement		
Mail Preference: ☐ Home ☐	Office			
Name:				
Agent Direct Phone:				
Fax	·	Cel	l#	
Home Address:				
Zip	Street/P.O./Apt		City	State
License#:	NF	RDS#		
E-Mail:	Web:			
Firm Name:	F	irm ID #:		
ACTIVATION, PROCESSING a	and ANNUAL FEES			
☐ New Agent/Subscriber Activa	ation (\$125)			
*□ Current MFRMLS Agent/Sul	oscriber Processing	(\$50)		

Please note your Broker $\underline{\text{MUST}}$ be a MFCRE or Stellar MLS Participant for you to join MFCRE

(Per Rules & Regulations, No refunds of fees will be issued.)

I agree to abide by the My Florida Commercial Real Estate Rules and Regulations, Stellar MLS Bylaws, payment policies and to attend any mandatory MFCRE training within sixty days of this application. I understand that if I do not attend mandatory training within sixty days my fees will be forfeited and I will be terminated from the Service.

SIGNATURE OF BROKER:	Date
SIGNATURE OF AGENT:	Date