

# Beaver County Association of REALTORS®

650 Corporation Street  
Suite 401  
Beaver PA 15009

Phone: (724) 774-4126  
Fax: (724) 774-1984  
Email: bcar3@verizon.net

---

## APPLICATION FOR MEMBERSHIP

Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Real Estate License# \_\_\_\_\_

Email Address \_\_\_\_\_

I hereby apply for membership in the Beaver County Association of REALTORS®, enclosing a check in the amount of \$\_\_\_\_\_. I agree to abide by the Code of Ethics of the National Association of REALTORS® and the Constitution, Bylaws and Rules and Regulations of the Beaver County Association of REALTORS®.

I further agree to satisfactorily complete a reasonable and non-discriminatory New Member Orientation Program on such Code, Constitution, Bylaws, and Rules and Regulations within my first year of membership.

I understand that dues payments to B.C.A.R. are not tax deductible as charitable contributions; however, portions of such payments may be tax deductible as ordinary and necessary business expenses.

**A COPY OF YOUR REAL ESTATE LICENSE MUST ACCOMPANY  
THIS APPLICATION.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date