

# RVAR/SOMLS DUES & FEES for JOINING in 2024

NAME \_\_\_\_\_ AGENT # \_\_\_\_\_ OFC CODE \_\_\_\_\_

**FOR REALTOR® MEMBERS ONLY:** I understand that I am paying a \$200.00 Application Fee to the Rogue Valley Association of REALTORS®. If I do not complete the onboarding requirements within the prescribed timeframes, I understand that I forfeit the \$200.00 Application Fee and must reapply for membership, pay a new Application Fee, and restart the onboarding process. In addition, I understand that I will not be approved for membership until the onboarding has been completed and that until I am approved for full REALTOR® membership I am granted a provisional membership (see RVAR Bylaws, Article V, Section 2c for explanation of provisional membership).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RVAR DUES:** (dues will vary based on month joined and whether new licensee or renewing member)

Local (RVAR).....	\$	
State (OAR).....	\$	
National (NAR).....	\$	
<small>NOTE: Your NAR dues include a \$35 mandatory assessment by the National Association of REALTORS® to fund a nationwide public awareness campaign that includes TV network and cable ads highlighting the value a REALTOR® brings to a transaction and stressing the importance of using a REALTOR®.</small>		
Application Fee – REALTOR®.....	\$ 200.00	
Application Fee – Affiliate.....	\$ 200.00	
RVAR Reinstatement Fee .....	\$	
<small>\$50.00 1-30 days; \$100.00 31-90 days; \$200.00 91-365 days</small>		
Miscellaneous _____	\$	
<b>TOTAL DUE RVAR:</b>		\$ _____

Payment Type: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

**SOMLS FEES:**

Activation Fee.....	\$ 30.00	
<small>All new and renewing (if period of inactivation was greater than thirty (30) days) and Subscribers will be charged an activation fee.</small>		
New Participant Fee.....	\$ 500.00	
Monthly Access Fee.....	\$ 57.00	
Application Fee.....	\$25.00	
Miscellaneous _____	\$	
<b>TOTAL DUE SOMLS:</b>		\$ _____

Payment Type: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

**eKEY for Keyboxes:**

The following fees are billed by and paid directly to Supra and are listed here for informational purposes only.

eKEY Activation Fee.....	\$50.00
Monthly Fee for Basic Service.....	\$12.50
Monthly Fee for Professional Service.....	\$18.50

Prices current as of 9/1/2024

## **APPLICANT INFORMATION SHEET**

Fields in "**Bold**" are required.

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Suffix:**  Jr  Sr  Other \_\_\_\_\_ **Nickname (DBA):** \_\_\_\_\_

**Home Street Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Home Mailing Address (if different): \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
Month/Day/Year

**Name of Firm:** \_\_\_\_\_

**Firm Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Website:** \_\_\_\_\_

Firm Mailing Address (if different): \_\_\_\_\_

**Mail to go to:**  Home  Firm **Preferred Communication from us (not billing\*\*):**  Email  Text

**\*\*NOTE:** All invoices are sent via email unless specifically requested otherwise.

**Oregon Appraisal or Real Estate License #:** \_\_\_\_\_ **First Licensed in Oregon:** \_\_\_\_\_  
Month/Year

**Type of License:**  Broker  Sole Practitioner  Principal Broker  Appraiser  N/A

**Are you currently licensed in another state?**  No  Yes, where? \_\_\_\_\_

**Have you ever been licensed in another state?**  No  Yes, where? \_\_\_\_\_

Number of years engaged in the real estate business in any capacity: \_\_\_\_\_

**Field(s) of Business (Specialties):**  Residential Sales  Commercial Sales  Appraisal  Land Sales  Farm/Ranch

Other (please explain): \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

**Do you have any record of civil judgements imposed within the past seven years involving judgements of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities?**

No  Yes

**Have you been convicted of a felony or other crime within the last seven years?**

No  Yes

**Are you currently a member of another REALTOR® Board or Association?**

No  Yes, where? \_\_\_\_\_

**Have you previously held membership in another REALTOR® Board or Association?**

No  Yes, where? \_\_\_\_\_

If yes to either of the previous two questions:

• What is the date of your most recent Code of Ethics training? \_\_\_\_\_  
Month/Year

• What is your NAR membership (NRDS/M1) #: \_\_\_\_\_

**Have you been found in violation of the Code of Ethics or other membership duties in any Board or Association of REALTORS® in the past three (3) years?**

No       Yes (if yes, at which Association/Board): \_\_\_\_\_

**Do you have any unsatisfied discipline pending?**

No       Yes (if yes, at which Association/Board): \_\_\_\_\_

**Are there any pending ethics complaints against you?**

No       Yes (if yes, at which Association/Board): \_\_\_\_\_

**Are you a party to a pending arbitration request?**

No       Yes (if yes, at which Association/Board): \_\_\_\_\_

**Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS?**

No       Yes (if yes, at which Association/Board): \_\_\_\_\_

**Have you ever been refused membership in any other Board or Association of REALTORS®?**

No       Yes (if yes, at which Association/Board): \_\_\_\_\_

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 Association membership and/or MLS participation/subscription if granted. I further agree that, if accepted I shall pay the fees and dues as from time to time established.

By signing below, I consent that the Rogue Valley Association of REALTORS® and/or Southern Oregon Multiple Listing Service 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 RVAR / SOMLS 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: \_\_\_\_\_



Jackson County Office:  
625 Franquette Street, Medford, Oregon 97501  
Josephine County Office:  
558 NE F Street Ste 7, Grants Pass, OR 97526  
Phone: (541) 770-7060  
Website: [roguevalleyrealtors.org](http://roguevalleyrealtors.org)

## **APPLICATION FOR REALTOR® MEMBERSHIP**

Name: \_\_\_\_\_ Oregon Appraisal or  
Real Estate License #: \_\_\_\_\_

I hereby apply for REALTOR® Membership in the Rogue Valley Association of REALTORS®, hereinafter referred to as "RVAR," and remit the Applicant Information Sheet, annual dues and application fee, which I understand will be returned to me in the event I am not accepted to membership.

Membership in RVAR means that I am also a member of the state association (Oregon REALTORS®) and National Association of REALTORS®. I agree to familiarize myself with and abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate), as well as the Bylaws and Policies of RVAR, Oregon REALTORS®, and the National Association of REALTORS®. Further, I agree to complete the triennial Code of Ethics training and reasonable and non-discriminatory written examination, if applicable, on such Code, Bylaws and Policies.

I further agree that I will complete the new member onboarding requirements within the required timeframes confirming my membership. Failure to meet this requirement may result in having my membership terminated.

I consent and authorize RVAR, through its volunteer leadership and/or staff, to invite and receive information and comment about me from any Board/Association where I previously held membership. I agree that any information and comment furnished to RVAR by any Board/Association 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.

I acknowledge that if accepted as a Member and I subsequently resign or am expelled from membership in RVAR with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership on my verification that I will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if I resign or am expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon my payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Membership is final only upon the approval of the RVAR Board of Directors and may be revoked should completion of any membership requirement not be completed within the timeframe established by the RVAR's Bylaws or Policies and Procedures.

I acknowledge that as a member of the Rogue Valley Association of REALTORS®, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association of REALTORS® and use of this designation is subject to rule promulgated by the National Association of REALTORS®. Upon termination of my membership from the Rogue Valley Association of REALTORS® for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue the use of the term REALTOR® and all REALTOR® trademarks, unless I am currently, or until I become, a member of another REALTOR® Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Jackson County Office:  
625 Franquette Street, Medford 97501  
Josephine County Office:  
558 NE F Street Ste 7, Grants Pass 97526  
Phone: (541) 770-7060  
Website: [roguevalleyrealtors.org](http://roguevalleyrealtors.org)

I, \_\_\_\_\_ (please print), a member in good standing in a REALTOR® Association of my choice, subscribing fully to their ByLaws and Code of Ethics, and an Employing Broker/Appraiser of a firm in the state of Oregon, hereby apply for Participation in the Southern Oregon Multiple Listing Service, herein referred to as SOMLS.

If my application is approved, I:

- 1) Agree to conform to and abide by the SOMLS Bylaws and SOMLS Rules and Regulations, as they are now written or as they may be amended. I further understand and agree that my Participation in SOMLS may be canceled for non-compliance with said Bylaws and Rules and Regulations and/or for non-payment of fees, fines, or other charges and that non-compliance could result in further sanctions and/or fines per the aforementioned Rules and Regulations.
- 2) Agree to subscribe to a separate service for each licensee (includes both real estate licensees and certified or licensed appraisers) affiliated with my office as an employee or independent contractor, unless an SOMLS Subscription Waiver is submitted with this application.
- 3) Agree to protect the confidentiality of our member/client information and the integrity of SOMLS. Further, I will not nor will I allow anyone associated with me to give or loan to any non-member any listing information, keybox key, use of or information from the MLS system or SOMLS website, and/or any other information received from/through SOMLS.
- 4) Agree to adequately instruct all personnel within my office on the procedures and regulations of SOMLS and I accept the responsibility to enforce said procedures and regulations.
- 5) Acknowledge and understand that all Participant rights and privileges of SOMLS are non-transferable.
- 6) Agree to submit all controversies in matters of conduct arising among SOMLS Participants and/or Subscribers to the Board or Association of REALTORS® Professional Standards Committee that the Participant or Subscriber whose conduct is in question is a member of said Association.
- 7) Acknowledge that any change in the Employing Broker/Appraiser of my firm shall obligate the new Employing Broker/Appraiser to pay new Participant fees as are in effect for a new Participant in SOMLS.
- 8) Acknowledge that I have access to the SOMLS Bylaws and SOMLS Rules and Regulations and hereby agree to observe and adhere faithfully to all such provisions.
- 9) Agree to make a unilateral offer of cooperation and compensation to all other Participants within the SOMLS database, including those from another MLS sharing the SOMLS database, concerning any property listings disseminated for me by SOMLS.
- 10) Agree to pay the new Participant fee in the amount of \$500 (five hundred dollars) upon submission of this application with the understanding that the full amount will be refunded if this application is not approved.

I submit this application along with the Applicant Information Sheet for my Participation in SOMLS:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (Employing Broker/Appraiser)

**CHANGE FORM – MEMBER**  
 RVAR    and/or     SOMLS

Today's Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Name \_\_\_\_\_ **MLS Agent #** \_\_\_\_\_  
(New members: this number will be assigned to you.)

Office \_\_\_\_\_ **MLS Office #** \_\_\_\_\_  
(New offices: this number will be assigned to you.)

**This individual is:**

- A NEW MEMBER** (If transferring from another association we need a letter of good standing)
- TRANSFERING FROM ANOTHER OFFICE** (A \$5.00 transfer fee will be charged to the licensee)
- REACTIVATING**
- DELETING FROM THE ABOVE OFFICE**

(Adding or deleting a licensee is not valid without the signature of the  
Designated REALTOR® or Designated Broker of the office noted.)

**PERSONAL INFORMATION CHANGES AND/OR UPDATES**

Home Physical Address (Street, City, State & Zip):

\_\_\_\_\_

Home Mailing Address (If different from Home Physical Address):

\_\_\_\_\_

Mail To:    Home        Office        Preferred Contact:    Mail        Email

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Direct Office Line \_\_\_\_\_ Email \_\_\_\_\_

Name Change \_\_\_\_\_

**Signature(s):**

\_\_\_\_\_  
Designated REALTOR®/Broker (if required)

\_\_\_\_\_  
Licensee

**SOMLS/RVAR Office Use Only:**

**MLS Password** \_\_\_\_\_

**NEW AGENT:** FEES MOM RAP FLEX OREA KEY LTR ORNT SCAN

**Agent NRDS#** \_\_\_\_\_

**TRANSFER:** FEES MOM RAP OREA LIST KEY BL SCAN

**Office NRDS#** \_\_\_\_\_

**DELETE AGENT:** FEES MOM RAP OREA LIST KEY BL SCAN

**Office #** \_\_\_\_\_

**CHANGE FORM - OFFICE**  
 RVAR    and/or     SOMLS

Today's Date \_\_\_\_\_ Effective Date \_\_\_\_\_

**ADD OFFICE**

Office Name \_\_\_\_\_ Office Code \_\_\_\_\_

Name of Designated REALTOR® / Participant \_\_\_\_\_

*If adding an additional firm location (branch office) or if adding an office to RVAR only, please fill out the address, phone, fax, etc in the Changes/Updates section below.*

*If the addition of a new office to SOMLS is also a new Participant, the DR/Participant must also submit an SOMLS Participant application, the accompanying fees, and other required documentation.*

**DELETE OFFICE**

Office Name \_\_\_\_\_ Office Code \_\_\_\_\_

This office will be removed from the roster and the DR will be credited for any applicable SOMLS services for the next month ONLY if the delete notice is received PRIOR to the 1<sup>st</sup> of the month.

(Adding or Deleting an office is valid ONLY with the signature of the Designated REALTOR®/Participant of the office noted.)

**OFFICE INFORMATION CHANGES AND/OR UPDATES**

**Office Name**

Please change our existing office name \_\_\_\_\_  
to \_\_\_\_\_

**Office Address**

Street \_\_\_\_\_

PO Box \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Office Email \_\_\_\_\_ Website \_\_\_\_\_

Preferred Contact:                      Mail                      Office Fax                      Office Email

Designated REALTOR® / Participant Signature: \_\_\_\_\_

**SOMLS/RVAR Office Use Only:**

**ADD:**      SOMLS Fees      BUL      RAP      FAX LIST

**MLS Office Code** \_\_\_\_\_

**DELETE:**      SOMLS Fees      BUL      RAP      FAX LIST

**Office NRDS #** \_\_\_\_\_

# DESIGNATED REALTOR® CERTIFICATION FORM

The following information is required in order for the Rogue Valley Association of REALTORS® to verify membership counts.

FIRM NAME: \_\_\_\_\_

DESIGNATED REALTOR®: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP+ 4: \_\_\_\_\_ - \_\_\_\_\_

FIRM TELEPHONE: \_\_\_\_\_ FIRM FAX: \_\_\_\_\_ FIRM EMAIL: \_\_\_\_\_

Please check the box below if you are a one-person office. Otherwise, please list **ALL** real estate licensees and licensed or certified appraisers in the firm and their primary REALTOR® Board or Association affiliation, if any. If a licensee is not a member of a REALTOR® Board/Association, check the non-member box for that person. This list shall be for non-member fees calculation\*\*. Attach additional pages if necessary. Computer printouts with the same information as what is shown below are acceptable. RETURN THIS FORM, SIGNED, ALONG WITH ANY ADDITIONAL PAGES TO THE ROGUE VALLEY ASSOCIATION OF REALTORS® OFFICE.

I DO NOT HAVE ANY ADDITIONAL REAL ESTATE LICENSEES OR LICENSED OR CERTIFIED APPRAISERS AFFILIATED WITH MY FIRM.

NAME	PRIMARY BOARD/ASSOCIATION	NON-MEMBER

The above represents the status of all licensees in this office as of \_\_\_\_\_ and by my signature I hereby certify the above is correct. (date)

\_\_\_\_\_  
**Designated REALTOR® Signature**

\*\*The Rogue Valley Association of REALTORS® dues policy provides that the dues for each Designated REALTOR® shall be a base amount multiplied by the number of real estate licensees and licensed or certified appraisers who are employed by or affiliated with as independent contractors or who are otherwise directly or indirectly licensed or certified with such Designated REALTOR® member. The calculation shall not include those who are not REALTOR® or Institute Affiliate members of the Board/Association and the Designated REALTOR® notifies the Board/Association in writing of the Board/Association to which dues have been paid. The non-member fees liability of the Designated REALTOR® for each non-member is six hundred ten dollars (\$610.00).



**IDX PARTICIPATION VERIFICATION**

In order to comply with OAR 863-015-0125, please check ONE of the boxes below and fill in the requested information below the box you checked (if any). Please be sure to sign and date the bottom of the form. If this form is not signed, it will be assumed that you do not wish to participate in the program.

**PARTICIPATION VERIFICATION**

By my signature below, I affirm that I will be participating in the program known as IDX. I acknowledge that my participation means that:

1. I authorize other Participants in the IDX program to display my listings in the smart framed program supplied by SOMLS and its vendor and on other sites approved by the SOMLS Board of Directors under written agreement.
2. I may display the listings of other Participants in the IDX program in the smart framed program supplied by SOMLS and its vendor, provided that my website is registered with SOMLS and is under my full control.
3. If I allow my licensees to display listings in the smart framed program on their personal websites, the individual's website will be registered with SOMLS and will be under said individual's complete control.
4. I agree to abide by the Broker Reciprocity Rules and Regulations, as from time to time amended.

\_\_\_\_\_  
Web Site Address

Yes  No My licensees are allowed to use the smart framed program on their personal websites.

Licensee's Web Sites (attach a separate page if necessary):

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF NON-PARTICIPATION**

By my signature below, I affirm that I DO NOT want to be a part of the program known as IDX, which means that:

1. I DO NOT want any of my listings made available to other SOMLS Participants for posting on their Internet web sites.
2. I forfeit any right to display the listings of other SOMLS Participants on my Internet web site.
3. My listings may still appear on Realtor.com, if the seller so desires.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Printed)

\_\_\_\_\_  
Firm Name

## **RVAR/SOMLS STAFF**

		<u><b>EXTENSION</b></u>	<u><b>EMAIL</b></u>
CEO	Tina Grimes	501	tina@roguevalleyrealtors.org
Executive Assistant	Andrea Allen	504	andrea@roguevalleyrealtors.org
Technology Officer	Loran Hughes	503	loran@roguevalleyrealtors.org
Membership Director	Brooke Simon	502	brooke@roguevalleyrealtors.org
Education Director	Lisa Smyth	509	lisa@roguevalleyrealtors.org
Data Services Director	Fabrun White	507/511	fabrun@roguevalleyrealtors.org
Communications Director	Chris Myron	510	chris@roguevalleyrealtors.org
Bookkeeper	Mason Miller	506	mason@roguevalleyrealtors.org
Administrative Assistant	Sue Garvin	500	sue@roguevalleyrealtors.org

## **OFFICE INFO**

GENERAL OFFICE EMAIL	info@roguevalleyrealtors.org
JACKSON COUNTY OFFICE PHONE #	541-770-7060
JOSEPHINE COUNTY OFFICE PHONE #	541-414-1511
GENERAL OFFICE FAX #	541-770-7111
WEBSITE	rvar.realtor



## NEW MEMBER ONBOARDING

New member onboarding for the Rogue Valley Association of REALTORS® requires three elements listed below.

### STEP 1

Within the first 30 days, complete the new member online Code of Ethics course from the National Association of REALTORS®. You will need your MI number that was sent in your welcome email. Once you have completed the course, please forward your proof of completion to Brooke at [brooke@roguevalleyrealtors.org](mailto:brooke@roguevalleyrealtors.org).

### STEP 2

ALSO within your first 30 days, you must complete a 2-part Fair Housing Training.

1. Part one is to watch a 20 minute video on the history of Fair Housing from the National Association of REALTORS®.
2. Part two is to complete the Fairhaven simulation training, where you will work against the clock to sell homes in the fictional town of Fairhaven while dealing with Fair Housing related scenarios.

### STEP 3

Within your first 60 days but AFTER you complete steps 1 & 2, you must attend an in-person\* New Member Lunch and Learn at the Medford RVAR/SOMLS office (location subject to change). You cannot attend the class until steps 1 & 2 are complete. Please see our schedule and mark your calendar. Lunch will be provided.

### SCHEDULE:

January 18th	July 18th
February 15th	August 15th
March 21st	September 19th
April 25th	October 24th
May 16th	November 21st
June 20th	December 19th

**EACH CLASS GOES FROM 12:00-PM-2:30PM**

\*Virtual attendance will be allowed for those who are located more than 45 miles from the class location\*



**Southern  
OREGON**  
Multiple Listing Service



## NEW USER ONBOARDING

### NEW USER ONBOARDING REQUIREMENTS FOR SOUTHERN OREGON MULTIPLE LISTING SERVICE

New user onboarding for Southern Oregon MLS will require a two hour virtual training class within your first 60 days. The virtual training classes are scheduled for the 2nd Wednesday of every month from 10:00am to 12:00pm. Please check the complete 2024 schedule listed below, please mark your calendar and watch for an email that contains a link the day before each class.

#### SCHEDULE:

January 10th	July 10th
February 14th	August 14th
March 13th	September 11th
April 10th	October 9th
May 8th	November 13th
June 12th	December 11th



**CONTACT - Brooke Simon**  
[brooke@roguevalleyrealtors.org](mailto:brooke@roguevalleyrealtors.org) | 541.770.7060