



CHECKLIST FOR APPLICATION

Documentation may be submitted via Flash Drive or Hard Copy.

FAX copies, text, and/or emails are NOT acceptable.

THIS CHECKLIST MUST BE SUBMITTED WITH THE APPLICATION

Please check all the following to have a complete application:

- Application (Section IA/IB)
- GARPAC Donation (if applicable)
- APPLICANT’S CERTIFICATION LETTER (Section II)
- Milestone Award Level (along with copies of previous plaques) (Section III)
- Guest Reservation Form (Section (IV))
- MSAR provided Spreadsheet
- Copy of Code of Ethics
- Copy of Paid Invoice from you Association/Board for the qualifying year you are applying for

I, Applicant, acknowledge by signing below that a full and complete application must be turned in on application date(s), **PARTIAL APPLICATIONS WILL NOT BE ACCEPTED. It is my responsibility to have ALL documents turned in with original application and supporting documentation on time. I UNDERSTAND THAT ALL DOCUMENTATION MUST BE TYPED and NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.** I have the most recent adobe update so I can complete the application. **FAX copies, text, and/or emails are NOT acceptable**

Print Applicant Name

Date: _____

Signature of Applicant

COMMITTEE VERIFICATION REPORT

- | | |
|---|--------------------------------------|
| _____ Application Fee Paid | _____ Application Check List |
| _____ Section IA/Section IB (Application) | _____ GARPAC Investment Payment |
| _____ Section II (Certification Letter) | _____ Section III (Milestone Awards) |
| _____ Section IV (Guest Reservation Form) | _____ Code of Ethics |

Verified by: _____
Committee Member’s Name



“Circle of Excellence”

Metro South Association of REALTORS®

COE Applications

SECTION IA

Applicant or Team Name: _____ **License #:** _____
(If plaque desired then input here as you want it to appear on the plaque/program)

Applicant Company Name: _____ **Company Phone #:** _____

Applicant Attending: Yes ___ No ___

Applying for:

<u>Membership Category</u>	<u>Membership Status</u>	<u>Milestone Award Level</u> (check ONLY if you are applying for below)
Residential _____	Active Member _____	Active Life (3 years out of 5) (see Section III) _____
AND	Active Life Member _____	Zenith (10 years) (see Section III) _____
Individual _____	Zenith _____	Gold (15years) (see Section III) _____
Team (See Section 1B) _____	Gold _____	Platinum (20 years) (see Section III) _____
	Platinum _____	Diamond (25 years) (see Section III) _____
	Diamond _____	Hall of Fame (30+ years) (see Section III) _____
	Hall of Fame _____	

<p>Dollar Amount Level to Claim (\$1M, \$2M etc): \$ _____</p>	<p>Total Dollar Amount Claimed (see Section II for Certification Letter):</p> <p>Total Current Company: \$ _____</p> <p>Total Previous Company: \$ _____</p> <p>Total Dollar Credit Claimed \$ _____</p>
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I, Applicant and/ or Team Leader, acknowledge that the information provided herein is true to the best of my knowledge. I also understand that I may be subject to a random audit. I swear and affirm that I have read the rules and regulations of the MSAR. I further certify that I and/or all team members have fulfilled all education requirements and all dues, penalties and outstanding invoices have been paid.

_____ Applicant/Team Leader Signature _____ Date

Payment Details

_____ Check _____ Credit Card
(Make check payable to Metro South Association of REALTORS®)

Application Fee: _____ = \$120
Additional Plaques: _____ @ \$55 = _____
Additional Guests: _____ @ \$60 = _____
Total Cost: _____ = \$ _____

For credit/debit card transactions, an invoice will be sent to you with a secure link for online payment. Payment may also be taken over the phone by calling 770-477-7579.

Optional - GARPAC:

I, _____, would like to make an investment to GARPAC in the following amount (check the amount) **(Make separate check out to GARPAC)** Note: Special recognition will ONLY be given for this donation investment at the COE banquet.

- | | | |
|-----------------------------|-------------------------------|---------------------------|
| _____ \$10 – 99 Club | _____ \$500 - Ambassador Club | _____ \$2500 - Crystal R |
| _____ \$10,000 - Platinum R | _____ \$200 – Capital Club | _____ \$1000 - Sterling R |
| _____ \$5000 - Golden R | | |

Committee Verification

Print Name: _____



“Circle of Excellence” Metro South Association of REALTORS®

SECTION IB

Team Leader's Name: _____
(Team leader's name to appear for recognition)

Team Name: _____

	Active Licensee Name	License #
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2.		
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CERTIFICATION LETTER
SECTION II

To Be Completed by **PRESENT BROKER**

I, _____ (Broker), swear and affirm that I have read the rules and regulations of the Metro South Association of REALTORS®, have read and reviewed this application and warrant that it is true and correct, and that the applicant _____ (Applicant Name/Team Name) has met all the qualifications of the rules for admission in the COE. I also swear and affirm that all the above information is in accordance with our records, there were no cooperating agents except as above shown either in or out of our office and that the amount of real estate commissions was paid in cash or collectible note. I understand that should there be any misrepresentations in form and/or content of the above application, other than typographical or mathematical; the applications submitted shall be automatically disqualified, as will my application for COE membership as Broker and the applicant, and I will be reported to the Professional Standards Committee for action. (Section 12, Duties of Membership and Section 13, power to Take Disciplinary Action)

Total credit claimed while applicant was with this broker \$ _____

For one of the following: _____ INDIVIDUAL _____ TEAM

BROKER

COMPANY

To Be Completed by **FORMER BROKER**

(To be completed **ONLY** if the applicant had more than one broker for the qualifying year)

I, _____ (Broker), swear and affirm that I have read the rules and regulations of the Metro South Association of REALTORS®, have read and reviewed this application and warrant that it is true and correct and that the applicant _____ (Applicant Name/Team Name) has met all the qualifications of the rules for admission in the COE. I also swear and affirm that all the above information is in accordance with our records, there were no cooperating agents except as above shown either in or out of our office and that the amount of real estate commissions was paid in cash or collectible note. I understand that should there be any misrepresentations in form and/or content of the above application, other than typographical or mathematical, the applications submitted shall be automatically disqualified, as will my application for COE membership as Broker and the applicant, and I will be reported to the Professional Standards Committee for action. (Section 12, Duties of membership and Section 13, power to Take Disciplinary Action)

Total credit claimed while applicant was with this broker \$ _____

For one of the following: _____ INDIVIDUAL _____ TEAM

BROKER

COMPANY



MILESTONE AWARD LEVELS
SECTION III

Complete this section ONLY if you are applying for a “Milestone Award”

Applicant MUST provide a photocopy of the plaque or page from past program showing the year awarded and the level

APPLICANT’S DETAILS

Applicant’s Name: _____ Applicant’s Phone #: _____

Company Name: _____ Company Phone #: _____

Previous Milestone Award Received:

	Active Life	Zenith	Gold	Platinum	Diamond	Hall of Fame
Qualifying Year						

MILESTONE AWARD LEVEL APPLICANT IS APPLYING FOR:

Complete this section **ONLY** if applying for a Milestone Award

Active Life

	1 st Year	2 nd Year	3 rd Year
Qualifying Year			
Awarding Board			

Zenith

	1 st Year	2 nd Year	3 rd year	4 th Year	5 th Year	6 th Year	7 th Year	9 th Year	10 th Year
Qualifying Year									
Awarding Board									

Gold

	11 th Year	12 th Year	13 th Year	14 th Year	15 th Year
Qualifying Year					
Awarding Board					

Platinum

	16 th Year	17 th Year	18 th Year	19 th Year	20 th Year
Qualifying Year					
Awarding Board					

Diamond

	21 th Year	22 st Year	23 nd Year	24 rd Year	25 th Year
Qualifying Year					
Awarding Board					

Hall of Fame

	26 th Year	27 th Year	28 th Year	29 th Year	30 th Year
Qualifying Year					
Awarding Board					



GUEST RESERVATION FORM
CIRCLE OF EXCELLENCE AWARDS CELEBRATION
SECTION IV

DEADLINE FOR RESERVATIONS: February 16, 2024

Applicant Details

Applicant’s Name: _____

Applicant’s Phone #: _____

Company Name: _____

Company Phone #: _____

Event Details

Additional Ticket Price: _____

Number of Additional Tickets: _____

Total Cost of Additional Ticket(s): \$ _____

Guest(s) Name For Reservation:

Payment Details

Payment Method: Check _____ (Make check payable to Metro South Association of REALTORS®)
Credit Card _____

Amount of payment: \$ _____

For check payments: Please send/bring this **completed** section (Section IV) along with your check to:
Metro South Association of REALTORS® 1671 Adamson Parkway Suite 100, Morrow, GA 30260

For credit/debit transactions, an invoice will be sent to you with a secure link for online payment. Payment may also be made over the phone by calling 770-477-7579.

We will email you a receipt! We look forward to seeing you!