



NRDS ID (if transfer) _____
Sub-class _____
Dues Owed _____
Intended start date _____

APPLICATION FOR MEMBERSHIP – SALES AGENT, BROKER ASSOCIATE OR APPRAISER

I hereby submit the following information for your consideration:

CONTACT INFORMATION

Name _____
(First name M.I. Last Name)

Nickname _____

Home address _____ Apt/Suite _____

City, State Zip _____

Home Phone Number: _____ Cell Phone Number : _____ Home Fax Number _____

Preferred e-mail address: _____

Mailing Address (if different from above) _____ Apt/Suite _____

City, State Zip _____

CONTACT PREFERENCES

Phone	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Cell
Fax	<input type="checkbox"/> Home	<input type="checkbox"/> Office	
Mailing address	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Other
Publication address	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Other

MEMBERSHIP IN OTHER REALTOR® ASSOCIATIONS

Check one: NA Transfer Secondary Membership NAR MEMBER ID# _____

Other REALTOR® Associations/Board(s) in which you currently hold or have held membership:

_____ Last year of Membership _____

_____ Last year of Membership _____

LICENSE INFORMATION

RI License Number _____

License type: Sales Agent Broker Associate Appraiser

First licensed in RI (month and year) _____

Have you been engaged continually in the business since then? _____

Position with firm:

Independent Contractor

Office Manager

Corporate Officer

Trustee

Employee

Partner

Other

OFFICE INFORMATION

Company Name _____

Office Address 1 _____

Office Address 2 _____

City, State Zip _____

Office phone: _____ Office fax: _____

How long affiliated with your current office? _____

(OPTIONAL)

Highest education level achieved _____ Degree(s) _____

Other field(s) in which you are currently engaged _____

Additional languages spoken _____

ADDITIONAL INFORMATION

Has your Real Estate License, in this or any other state, been suspended or revoked? ____ Yes ____ No

If yes, specify the place(s) of such action, and detail the circumstances relating thereto as an attachment*

Yes*

Are there any findings of Code of Ethics violations of other membership duties in any other Board/Association:

- within the past three (3) years?
- any pending ethics complaints (or hearings)?
- any unsatisfied discipline pending?
- any pending arbitration requests (or hearings)?
- any unpaid arbitration awards or unpaid financial obligations to any other Board/Association or MLS?

If "Yes", to any Code of Ethics violations, specify the findings, and detail the circumstances relating thereto as an attachment*

Are there now, or have there been with the past three (3) years, any complaints against you before any state real estate regulatory agency or any other agency or 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.*

Have you ever been convicted of a felony? ___Yes ___ No If "yes", please explain.*

**Attach separate sheet as required.*

SIGNATURES

I hereby apply for REALTOR® Membership in the Kent Washington Association of REALTORS®, enclosing payment in the amount of \$_____** for my dues payable to the Kent Washington Association of REALTORS®, I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. I will attend orientation, if required, within 180 days of Association's confirmation of membership. Failure to meet this requirement may result in having my membership terminated. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should requirements of membership, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

** Amount shown is prorated according to month joining unless membership was held the previous year. Prorated dues information is available from your Manager or by contacting us at 401-885-9300 or membership@kwaor.org. Make checks payable to **KWAOR** or complete the authorization form to charge your credit card.

Application must be signed by yourself and your Principal Broker/Office Manager and must be accompanied by a copy of your temporary/permanent license.

I agree that if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established. 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 membership, if granted.

The above application has been read by me and I certify to the correctness thereof and approve.
I understand that all dues/fees paid are not refundable.

Applicant signature _____ Date _____

As to the best of my knowledge, the above information is accurate.

Broker signature _____ Date _____