



LICENSE INFORMATION
RI License Number _____ License type ___ Broker ___ Corporate ___ Appraiser First licensed in RI (month and year) _____ Have you been engaged continually in the business since then? Yes ___ No ___
REFERENCES
Name of institution(s) in which you maintain your escrow account: _____ Personal and credit references: Bank: _____ Other: _____
Additional information (optional)
Highest education level achieved _____ Degree(s) _____ Other field(s) in which you are currently engaged _____ Additional languages spoken _____
<p>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 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.</p> <p>NOTE: <i>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®.</i></p> <p><i>** 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 or electronic check.</i></p>

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