

For Office Use Only:		
NRDS ID		
Sub-class		
Dues Owed		
Intended start date		
CC MLS	Text	

APPLICATION FOR MEMBERSHIP - DESIGNATED REALTOR®

Name									
First Name			1.1.				La	st Nam	е
Nickname									
Home Address					A	pt/Suite			
City, State Zip									
Cell Phone Number:				Fax Numbe	er:				-
Preferred E-mail Address:									
Mailing Address (if different fo	rom abo	ve)					_Apt/Su	ite	
City,State Zip									3
CONTACT PREFERENCES									
Phone		Home		Office			Cell		
Fax		Home		Office					
Mailing Address		Home		Office			Other		
Publication Address		Home		Office			Other		
OFFICE INFORMATION Company Name									
Office Address								Busines	ss type:
				13					Corporation
City, State Zip									Sole Proprietorshi
Office Phone:		Officefax:							DBA Partnership
Website:								Ц	Fartileisilip
Office Mailing Address (if diffe		m above)		Suita/Unit	+			Office i	s:
City, State Zip					·				Main office
How long affiliated with your	current o								Branch office
State Name of each other Princip		3.5(0.5/0.5(0.50))		ee of your fi	rm. (Please lis	st Senio	•		Single office
Partners or Officers First.)		•		•					
Transit Abortologica (Carlos Alexandros Areas Antonio Areas (Carlos Antonio Areas Antonio Ant								Positio	n with firm:
									Managing Broker
In the Office Address on state	ام		: h	□ Vaa	□N-**				Broker Owner
Is the Office Address, as state				⊔ Yes	□No**				Corporate Officer
**Attach list of branch offices	, includii	ng their address	es.						
	990 90								Trustee Other
Total number of Licensees in this Please complete the attached DF									Other
MEMBERSHIP IN OTHER REAL	LTOR® A	ASSOCIATIONS							
Check one: ☐ NA ☐] Transfer	□ Join	ing KWAOR as a	Secondary N	Membership	N	IRDS ID#		
Other REALTOR® Associations/Board(s	s) in which		150	- 5	·				-
				Last y	ear of Member	ship			
					ear of Member	-1-1			

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
Additional information (optional)
Other field(s) in which you are currently engagedAdditional languages spoken
PAYMENT AND SIGNATURE
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 the event of non-election and that the Application Fee is nonrefundable. I will attend orientation, if required, within 180 days of the Association's confirmation of Provisional Membership status. Failure to meet this requirement may result in having my membership terminate in the event of my election by the Association's Board of Directors, 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), the Bylaws and Rules and Regulations of the above-named Association, the State Association and the National Association. I understand membership brings certain privileges and obligation that require compliance. I understand that I will be required to complete periodic Code of Ethics training as required by NAR as a continued condition of membership.
NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resign 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 of otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminate 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 availab by contacting us at 401-885-9300 or Kathleen@kwaor.realtor . Make checks payable to KWAOR or call the Association office to charge your credit card.
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.
I understand that all dues/fees paid are not refundable.

Applicant signature

Date



Designated Realtor® Certification Form

licensees, the 'Designated REALTOR®' shall identify the Association/Board to which dues have been remitted. These declarations shall be used for purposes of calculating dues under Article X, Section 2(a) of the Bylaws." Designated REALTOR® members shall also notify the Association of any additional individual(s) licensed or certified with the firm(s) In accordance with Article VI, Section 13, Certification (a) of the Kent Washington Association of REALTORS® Bylaws, "all Designated REALTOR® (DR) Members are required to identify any non-member licensees in the REALTOR's® office(s) and if 'Designated REALTOR®' dues have been paid to another Association/Board based on said non-member provide or certify a complete listing of all individuals licensed and shall designate a Primary Association/Board for each individual who holds membership. DR's shall also within 10 days of the date of affiliation or severance of the individual.

Office/Firm_			Phone #	,				
Office/Firm Address_								
Designated REALTOR® (DR) Name_			email	email address				
Office Administrator (if applicable)			email a	email address				
			Primary A	Primary Association/Board (Check One)	Board (Ch	heck One		
, and In	ات معرا		Kent	Greater	Newport	Northern	RI Commercial &	Other
אפוווע	Elliali Audiess	Licensee	Washington	Providence	County	R.I.	Appraisal Board	
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	¥							

Please sign this form as your signature will serve as verification of all licensees in your office and return via email to kathleen@kwaor.realtor or fax to 401.885.5968.

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