

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

APPLICATION FOR MEMBERSHIP – SALES AGENT, BROKER ASSOCIATE OR APPRAISER

I hereby submit the following info	imation joi your coi	isideration.				
CONTACT INFORMATION						
Name						
First Name		M.I.		Last Name		
Nickname				1 mt /Cit a		
Home Address				Apt/Suite		
City, State Zip Home Phone Number:				Homo Fay Num	hor	
				IIOIIIE Fax Nuiii		
Preferred E-mail Address: Website:						
Website:						
Mailing Address (if different from above) City, State Zip						
CONTACT PREFERENCES						
Phone	□ Home		Office		Cell	
Fax	□ Home		Office			
Mailing address	☐ Home		Office		Other	
Publication address	☐ Home		Office		Other	
MEMBERSHIP IN OTHER REALTOR	R® ASSOCIATIONS					
Check one: NA	☐ Transfer		g KWAOR as a	Secondary Membe	ership	NRDS ID#
Other REALTOR® Associations/Bo	oard(s) in which you	currently hold or ha	ve held memb	ership:		
	•			Last year of Membership		
				Last year o	f Membership _	
LICENSE & PRIMARY FIELD OF BU	SINESS INEODMATI	ON				
		OI4				
RI License Number	Broker Associate	Annraicar				
License type: Sales Agent First licensed in RI (month and yea						
Have you been engaged continual						
Primary Field of Business						
OFFICE INFORMATION					_	
Company Name					_	
Office Address 1					=	
Office Address 2					_	
City, State Zip Office phone:	Office fav:					
How long affiliated with your curre	ent office?					
(OPTIONAL)						
Other field(s) in which you were p	reviously or current	lv engaged				
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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.*		
Are there any findings of Code of Ethics violations of other membership duties in any other Board/Association: -within the past three (3) years?	Yes* □	No 🗆
-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 atta	achment.*	
Are there now, or have there been with the past three (3) years, any complaints against you before any state real est any other agency or government? Yes No	ate regulator	ry agency or
If "Yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the resolution of such complaint.*	ne current sta	tus or
Have you ever been convicted of a felony?Yes No If "yes", please explain.*		
Have you filed for bankruptcy within the last 3 years?YesNo		
*Attach separate sheet as required.		
PAYMENT AND SIGNATURE		
\$** for my dues payable to the Kent Washington Association of REALTORS®. I understand that my due in the event of non-election and that the Application Fee is nonrefundable. I will attend orientation, if required, with Association's confirmation of Provisional Membership status. Failure to meet this requirement may result in having terminated. In the event of my election by the Association's Board of Directors, I agree to abide by the Code of Ethic ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the Association), the Regulations of the above-named Association, the State Association and the National Association. I understand memprivileges and obligations that require compliance. I understand that I will be required to complete periodic Code of by NAR as a continued condition of membership.	nin 180 days o my membersl is of the NATIO Bylaws and R bership brings	of the hip ONAL Rules and s certain
NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association of membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of member certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing part otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership provided the dispute arose while applicant was a REALTOR®.	rship upon ap nel. If applica	plicant's ant resigns or
** Amount shown is prorated according to month joining unless membership was held the previous year. Prorated de available by contacting us at 401-885-9300 or Kathleen@kwaor.realtor . Make checks payable to KWAOR or call the charge your credit card.		
Application must be signed by yourself and your Principal Broker/Office Manager and must be accompanied by a companied by a co	opy of your l	license.
I agree that if accepted for Membership in the Association, I shall pay the fees and dues as from time to time establist the foregoing information furnished by me is true and correct.	hed. I hereby	y certify that
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.		

Date

Broker /Office Manager signature