



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

APPLICATION FOR MEMBERSHIP – DESIGNATED REALTOR®

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 _____

Cell Phone Number: _____ 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

OFFICE INFORMATION

Company Name _____

Office Address _____ Suite/Unit _____

City, State Zip _____

Office Phone: _____ Office fax: _____

Website: _____

Office Mailing Address (if different from above) _____ Suite/Unit _____

City, State Zip _____

How long affiliated with your current office? _____

State Name of each other Principal, Partner, Corporate Officer, or Trustee of your firm. (Please list Senior Partners or Officers First.)

- Business type:**
- Corporation
 - Sole Proprietorship
 - DBA
 - Partnership
- Office is:**
- Main office
 - Branch office
 - Single office
- Position with firm:**
- Managing Broker
 - Broker Owner
 - Corporate Officer
 - Partner
 - Trustee
 - Other

Is the Office Address, as stated, your principal place of business? Yes No**

****Attach list of branch offices, including their addresses.**

Total number of Licensees in this office (including self) _____

Please complete the attached DR Certification Form

MEMBERSHIP IN OTHER REALTOR® ASSOCIATIONS

Check one: NA Transfer Joining KWAOR as a Secondary Membership NRDS 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: 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 engaged _____

Additional 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 in 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 terminated. 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 Constitution, the Bylaws, Policy and Rules and Regulations of the above-named Association, the State Association and the National Association. I understand membership brings certain privileges and obligations 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 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 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