



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? \_\_\_\_\_

**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\*

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)?  Yes\*  No
- any unsatisfied discipline pending?  Yes\*  No
- any pending arbitration requests (or hearings)?  Yes\*  No
- any unpaid arbitration awards or unpaid financial obligations to any other Board/Association or MLS?  Yes\*  No

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.\*

Have you filed for bankruptcy within the last 3 years? \_\_\_\_ Yes \_\_\_\_ No

\*Attach separate sheet as required.

**SIGNATURES**

I hereby apply for REALTOR® Membership in the Newport County Board of REALTORS®, enclosing payment in the amount of \$\_\_\_\_\_ \*\* for my dues payable to NCBR. I understand that my dues will be returned to me in the event that my application is not accepted. I will attend orientation, if required, within 180 days of Board's confirmation of membership. Failure to meet this requirement may result in having my membership terminated. I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, Bylaws and Rules and Regulations of the above named Board, 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 resigns from the Board 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 401-849-5936 or [membership@kwaor.org](mailto:membership@kwaor.org). Make checks payable to **NCBR** or call the Board office 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 license.**

I agree that if accepted for Membership in the Board, 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

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

Broker /Office Manager signature

Date