



NRDS ID (if transfer) _____
 Sub-class _____
 Dues Owed _____
 Intended start date _____

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 _____
 Home Phone Number: _____ Cell Phone Number : _____ Home Fax Number _____
 Preferred e-mail address: _____
 Mailing Address (if different from above) _____ Apt/Suite _____
 City, State Zip _____

MEMBERSHIP IN OTHER REALTOR® ASSOCIATIONS

Check one: _____ NA _____ Transfer _____ 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 _____

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: _____
 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.)

 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) _____

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



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 _____

I hereby apply for REALTOR® Membership in the Newport County Board of REALTORS®, enclosing payment in the amount of \$ _____ ** for my dues payable to the Newport County Board 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 Board’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 board) and the Constitution, Bylaws and Rules and Regulations of the above named board, 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 board’s bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the board’s bylaws 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 from your Manager or by contacting us at 401-849-5936 or cristina.rebone@kwaor.org. Make checks payable to NCBR or complete the authorization form to charge your credit card or electronic check.*

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, 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 _____