

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:								
PERSONAL CONTACT INFO	RMATIC	<b>DN</b>						
Name (First name	M.I Last Name)					Nickname		
•								
Home Address						Apt/Suite		
Home Phone Number	Cell Phone Number:							
	Cen Filone Number							
						Ant/Suite		
<pre>**Mailing Address (if different from above) Apt/Suite City, State Zip</pre>								
CONTACT PREFERENCES								
Phone		Home		Office		Cell		
Mailing address		Home		Office		0		
Publication address		Home		Office		Other		
MEMBERSHIP IN OTHER RI								
	-			lv hold o	r have held mem	bership:		
	Other REALTOR <sup>®</sup> Associations/Board(s) in which you currently hold or have held membership: Last year of Membership							
					Last year of Mem	bership		
Newport County Board of Realtors will be this type of membership Circle one								
Primary         Board Transfer         Secondary Membership         NAR MEMBER ID#								
LICENSE INFORMATION								
RI License Number       Exp Date:         BROKER OFFICE INFORMATION								
Company								
Broker Name								
Office Address								
City, State Zip								
Office phone: What date did you affiliate with your current office?								
OTHER OPTIONAL INFORMATION								
					Degree(s)			
Highest education level achieved       Degree(s)         Other field(s) in which you are currently engaged       Degree(s)								
Additional languages spoken								
Birthday Month Day								
Special interests & hobbies								

## ADDITIONAL INFORMATION

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 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. \*Attach documentation/explanation

Have you ever been convicted of a felony?  $\Box$  Yes  $\Box$  No If "yes", please explain. \*Attach documentation/explanation Have you filed for bankruptcy within the last 3 years?  $\Box$  Yes  $\Box$  No \*Attach separate sheet as required.

## **SIGNATURES**

I hereby apply for REALTOR<sup>®</sup> Membership in the Newport County Board of REALTORS<sup>®</sup>, 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, as 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<sup>®</sup>, 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<sup>®</sup>.

\*\* The membership dues amount 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 ncbr@newportrealtor.com. 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 certificate.

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.

## <u>I understand that all dues/fees paid are not refundable.</u> <u>If I have paid dues to another board this calendar year, they are also nonrefundable.</u>

Applicant Signature X:

Date:

Date:

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

Broker/Office Manager Signature X: