

# REALTOR®

## Application Checklist



### New Sales or Broker Associate or Appraiser

*If you are affiliating with an office that is a member of the Northern Rhode Island Board, please include:*

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on [www.nribr.realtor](http://www.nribr.realtor).)
- Appraisal or Real Estate license (a copy)
- Letter of Good Standing from your Manager verifying your start date. Or, provide a copy of DBR's transfer of license form.

### Transferring Sales or Broker Associate or Appraiser

*If you are associating with an office that is a member of NRIBR and would like to transfer to our Board from another board, please include:*

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on [www.nribr.realtor](http://www.nribr.realtor).)
- Appraisal or Real Estate license (a copy)
- Letter of Good Standing from your Manager verifying your start date. Or, provide a copy of DBR's transfer of license form.
- Letter of Good Standing from your previous Board.
- Class certificate on the National Association of REALTORS® Code of Ethics. Completion date must comply with the 6th triennial of 1/1/19—12/31/21 (a copy).

Be sure to view [this document](#) on commonly asked questions and answers and to learn more about membership privileges and obligations.

### New Real Estate or Appraisal Office

*Please include:*

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on [www.nribr.realtor](http://www.nribr.realtor).)
- Principal's Appraisal or Real Estate license (a copy)
- List of licensees affiliated with your office and their email address
- Letter of Good Standing from your previous Board.
- Class certificate on the National Association of REALTORS® Code of Ethics. Completion date must comply with the 6th triennial of 1/1/19—12/31/21 (a copy) – unless you will be completing this course through us.
- To participate in the Statewide Multiple Listing Service, see [this page](#) of the MLS website and complete the Agreement to Participate contract. Please contact Donna McGinn at [donna@rirealtors.org](mailto:donna@rirealtors.org) to file the contract or if you have any questions on MLS billing or policy.

Applications received in complete order will be processed in approximately 48 business hours. Applicants will be notified BY EMAIL regarding their membership status and will be provided with the schedule of required courses, including the New Member Orientation Class and the New Member REALTOR® Code of Ethics class. Visit [www.nribr.realtor](http://www.nribr.realtor) for upcoming events or for more information on valuable member services.

If you have any questions or require assistance, please do not hesitate to contact us.

**Our mission is to provide our members with tools and resources to support their success.**



NORTHERN RHODE ISLAND BOARD OF REALTORS®



Northern Rhode Island Board of REALTORS®

2178 Mendon Rd, Suite 400, Cumberland, RI 02864 Phone: (401) 333-6343 | Email: nribr@nrirealtors.org

For NRIBR Use Only	
NRDS ID:	_____
Office ID:	_____
Start Date:	_____
Payment:	_____
DR Name:	_____

# APPLICATION FOR REALTOR® or PRINCIPAL MEMBERSHIP

I \_\_\_\_\_ hereby apply for: \_\_\_\_\_ membership in the above named Board and enclose the current dues as outlined on my invoice, which is to be returned to me in the event of non-election.

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate any future disputes with another Member in accordance with the Board's arbitration procedures. I agree to abide by the Constitution, Bylaws, and Rules and Regulations of the above Board, the State Association, and the National Association, and if required I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination of such Code, Bylaws, and Rules and Regulations. I consent that the Association may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Board with an ethics complaint or arbitration request pending, the Board of Directors may condition the right of the resigning Member to reapply for membership upon the applicant's verification that he/she will submit to the pending ethics or arbitration 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®. If a Member resigns without having complied with an award in arbitration, the Board of Directors may condition any reapplication of the former Member upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

### I hereby submit the following information for your consideration (Please print clearly.)

Broker  Sales  Appraiser

Name on License: \_\_\_\_\_ License #: \_\_\_\_\_

State of issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### **FIRM/OFFICE INFORMATION:**

Name of Office: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Street Address: \_\_\_\_\_ P.O. Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position with firm:

- Independent Contractor
- Principal
- Partner
- Corporate Officer
- Trustee
- Employee

### **PERSONAL/HOME INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_ Your website: \_\_\_\_\_

Preferred Mailing Address:  Same as home address  Other: \_\_\_\_\_

Preferred Phone:  Home  Cell  Office

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_



2178 Mendon Rd, Suite 400, Cumberland, RI 02864  
Phone: (401) 333-6343 | Email: nribr@nrirealtors.org

# Membership Application Page 2

Do you speak a second language?  Yes  No If "Yes", what language(s) do you speak \_\_\_\_\_

How did you hear about us?  Your office  Our Staff  Website  Other \_\_\_\_\_

If you are or have ever been a member of a REALTOR® Association, provide your NRDS Membership ID # \_\_\_\_\_ and the name of the Association(s) and time period for which membership was held \_\_\_\_\_.  
Please provide your last date of completion of NAR's Code of Ethics Training: \_\_\_\_\_.

Date on RI Real Estate License: \_\_\_\_\_. Have you been engaged continuously in the business since then?  
 Yes  No If no, previous dates that you were engaged in business? \_\_\_\_\_.

Name of your previous office: \_\_\_\_\_ Established in present location since \_\_\_\_\_.

### **ETHICS:**

Do you hold, or have you ever held, a license in any other state?  Yes  No If yes, where? \_\_\_\_\_.  
Has your real estate license in this or any other state been suspended or revoked or have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years?  Yes  No  
If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto as an attachment.

Have you ever been refused membership in any other REALTOR® Association?  Yes  No  
If yes, state the basis for each such refusal and detail the circumstances related thereto as an attachment.

Have you ever had membership in any other REALTOR® Association suspended, expelled or terminated?  
 Yes  No If yes, state the basis for each such refusal and detail the circumstances related thereto as an attachment.

Have you been found in violation of the Code of Ethics or other membership duties in any REALTOR® Association in the past three (3) years or are there any such complaints pending?  Yes  No If yes, provide details as an attachment.

Is the office address stated on page 1 your principal place of business?  Yes  No If not, or if you have any branch offices, please indicate and give addresses: \_\_\_\_\_

Have you participated in a Multiple Listing Service?  Yes  No Where? \_\_\_\_\_

### **OPTIONAL**

In what phases of real estate do you specialize?  Residential  Commercial  Other

Do you hold a college degree?  Yes  No If yes, Degree \_\_\_\_\_ Are you now employed in any business or profession other than real estate?

Yes  No If yes, position and location: \_\_\_\_\_

Please share any civic and/or business accomplishments or activities as a attachment.

*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. I further agree that if accepted for membership in the Association, I shall pay the dues and fees as from time to time established.*

*By signing below, I give the REALTOR® Association (Local, State and National) permission to mail, telephone, email, fax and/or text me about association activities, products, and services.*

*Payments to the Northern Rhode Island Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense.*

*By signing, I agree to the terms and conditions as well as acknowledge that all Membership Dues and Fees are non-refundable.*

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_



# Authorization to Charge

I authorize the Northern Rhode Island Board of REALTORS® to charge my dues with a credit card as indicated below.

## PAYMENT BY CREDIT CARD

Date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Credit card (circle One):    Mastercard    Visa    Discover    American Express

Is your credit card a (circle one):    Personal credit card            Corporate credit card

Card number: \_\_\_\_\_            Exp. Date: \_\_\_\_\_            CSV Code: \_\_\_\_\_

For verification purposes please provide address where you receive the monthly statement on the credit card:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Email Address where we may send the receipt: \_\_\_\_\_

Please provide a contact phone number: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Please note: A payment receipt and verification regarding the processing of your membership application will be emailed to you in approximately 2-3 business days. Your payment will appear on your statement as "REALTOR® Association/MLS." This is a one-time charge. Your information is secure and will be destroyed following the successful one-time charge. The Board does not retain credit card numbers on file.

Thank you for selecting the Northern Rhode Island Board of REALTORS® as your Board of Choice.

This form and your membership application may be mailed to NRIBR, 2178 Mendon Rd, Suite 400, Cumberland, RI 02864. Email is not a secure method of sending credit card details.

NRIBR- Our mission is to provide our members with tools and resources to support their success.





# Authorization to Charge Cont'd

**If the credit card appearing on the previous form is not yours, the following written authorization must accompany application:**

Amount: \$ \_\_\_\_\_

*I am not the member, but authorize the NRIBR to charge the above amount to my credit card:*

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Last 4 digits of credit card: \_\_\_\_\_

Circle one:    Mastercard    VISA    Discover    American Express

Name of the member you are paying for : \_\_\_\_\_

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