

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.)
- 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.)
- 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 page](#) 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.)
- 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 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 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®

12 Breakneck Hill Road, Suite 100, RI 02865

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: Designated REALTOR®/Chief Appraiser Sales Agent 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: _____ Secondary Email: _____

Your website: _____

Preferred Mailing Address: Same as home address Other: _____

Preferred Phone: Home Cell Office

Date: _____ Applicants Signature: _____



12 Breakneck Hill Road, Suite 100, RI 02865
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, 12 Breakneck Hill Road, Suite 100, RI 02865.
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.



www.nribr.realtor



<https://www.facebook.com/NorthernRhodeIslandBoardOfRealtors/>



<https://www.instagram.com/northernrhodeislandrealtors>



<http://bit.ly/NRIBRYouTubeChannel>



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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www.nribr.realtor



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<https://www.instagram.com/northernrhodeislandrealtors>



<http://bit.ly/NRIBRYoutubeChannel>