



# Application for Membership

I, \_\_\_\_\_ hereby apply for membership in the Northern Wasatch Association of REALTORS®. I understand the application fee and all dues/fees are non-refundable. In the event I am not accepted for membership the full amount will be returned. In the event my application is approved, I agree to abide and be bound by the Bylaws of this Association, the NATIONAL ASSOCIATION OF REALTORS® and the UTAH ASSOCIATION OF REALTORS®. I agree to attend and satisfactorily complete the required orientation course of the Association within ninety (90) days of this application. I agree to abide by the **Code of Ethics** of the NATIONAL ASSOCIATION OF REALTORS® and acknowledge and agree that I will arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics and set forth in the Code of Ethics and Arbitration Manual of the NATIONAL ASSOCIATION OF REALTORS® and the Policies and Procedures Manual of the Association, all as from time to time amended.

Name Mr Ms Mrs \_\_\_\_\_ Nickname \_\_\_\_\_  
(Exactly as shown on your Utah RE License) (Name your prefer to go by)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Method(s) of Communication: (check all that apply) Phone Email Text Social Media Other: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_ UT Real Estate Lic #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you speak a foreign language \_\_\_\_\_ if so, what language(s) \_\_\_\_\_

Have you previously been a member of this or another Association? No Yes If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

NRDS number if known: \_\_\_\_\_ Are you currently active with another Board  No  Yes If yes, see below.

Association Name: \_\_\_\_\_ Check appropriate box: Transferring Secondary Other: \_\_\_\_\_

Has your Real Estate License in this or any other state, been suspended or revoked?  Yes No

If yes please explain \_\_\_\_\_

Are there now, or have there been within the past five years, any complaints or disciplinary actions against you or the firm with which you have been associated, before any state real estate regulatory agency or any other agency of government?  Yes No If yes, please specify: \_\_\_\_\_

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. I further agree to pay the established fees and dues in effect as long as I am a member of this Association. All dues and fees are payable in advance.

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

## NEW MEMBER ORIENTATION

Orientation is a mandatory class held approximately every 45 days.

**You have 90 days to attend Orientation.**

Failure to do so will result in repayment of membership fee, and result in termination.

I understand that Orientation is a requirement of the Association and that I must attend Orientation by \_\_\_\_\_, 20\_\_\_\_. I also understand that prior to receiving Supra access that I must complete a Code of Ethics Training.

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



# New Member Form

**Type of Membership.** Please indicate the type of new membership:

**Broker**

- Principal Broker
- Branch Broker

**Agent**

- Associate Broker
- Sales Agent

**Assistant**

- Office Assistant

**Appraiser**

- Appraiser Participant
- Appraiser Subscriber *(Employed by Participant)*
- Appraiser Trainee

**New Member Information.** Please provide the following information for the new Member:

Name: \_\_\_\_\_ License #: \_\_\_\_\_ (ex: BB00)

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Member Pin # *(four-digit # selected by Member)*: \_\_\_\_\_

*\*\*Note: The Member Pin # is a unique identification number that is used in cases where the MLS needs to verify a Member's identity. The Member Pin # should be kept confidential. All other information above will be used in the MLS and may be viewable by the public\*\**

Primary Association Membership: \_\_\_\_\_

Secondary Association Membership (if applicable): \_\_\_\_\_

| New Member Setup Fees             |       |
|-----------------------------------|-------|
| Account Type                      | Fee   |
| Agent or Associate/Branch Broker: | \$200 |
| Principal Broker or Appraiser:    | \$600 |
| Principal Broker Upgrade          | \$500 |

| MLS Service Fees               |       |
|--------------------------------|-------|
| Payment Options                | Fee   |
| Monthly Auto Pay (12 payments) | \$42  |
| Annual Auto Pay (1 payment)    | \$480 |
| Office Assistant Monthly Fee   | \$20  |

**Listing Input Permissions.** Please designate the type of listing input permissions you wish to assign to the agent/assistant referenced above:

- Read Only Access
- Only Edit Photos/Tours
- Add/Edit All Branch/Brokerage Listings
- Only Edit Open House Information
- Add/Edit Own Listings
- Add/Edit Office Listings

**Office Information.** Please provide the following information for the new Member's office:

Office Name: \_\_\_\_\_ Office ID: \_\_\_\_\_

Broker/Appraiser Name: \_\_\_\_\_

Broker/Appraiser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Northern Wasatch Association of REALTORS®

5703 South 1475 East, Suite 1 – South Ogden, UT 84403  
Phone: 801-476-4216 Fax: 801-476-8997 E-mail: info@nwaor.com

## MEMBERSHIP STATUS FORM

Broker  Agent  Appraiser

New  Reactivate  Transfer  Change Address/Name/Phone  Drop/Inactive

Agent (NRDS) # \_\_\_\_\_

NAME \_\_\_\_\_ Last 4 of SSN # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

(If different)

HOME PHONE # \_\_\_\_\_ MOBILE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### NEW MEMBERS & TRANSFERS:

I will be associated with \_\_\_\_\_ Office ID# \_\_\_\_\_

### TRANSFERS & DROPS:

I will no longer be with \_\_\_\_\_ Office ID# \_\_\_\_\_

**NEW APPLICANTS ONLY:** I understand that I have 90 days from the date of this application to complete Orientation or I will forfeit my membership fee and be required to start the Membership process over again.

**ALL MEMBERS:** I understand that all dues and fees paid are **NON-REFUNDABLE**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR ASSOCIATION USE ONLY

Application Fee \$ \_\_\_\_\_

SupraKey \$ \_\_\_\_\_

RAP  MLS  LET

Assoc. Dues Paid \$ \_\_\_\_\_

BD  PD  RC  RD  SU

UAR Dues Paid \$ \_\_\_\_\_

NAR Dues Paid \$ \_\_\_\_\_

RPAC \$ \_\_\_\_\_

Image Awareness \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED \$ \_\_\_\_\_ CK# \_\_\_\_\_

Total \$ \_\_\_\_\_

**PLEASE RETURN COPIES:** White & Yellow copies: Association office - Pink copy: to Broker or Member