

Northwest Iowa Regional Board of REALTORS®

Application for REALTOR® Membership

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the association 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®.

Name:			
Real Estate License Number:			
Social Security Number: (last 4 digits only)		Birthday:	
Licensed/Certified Appraiser: [] Yes [] No	Appraisal Licer	nse #:	
Languages spoken:			
Company Tax ID:		· · · · · · · · · · · · · · · · · · ·	
Home Address:			
City:	State		Zip
Phone: Fax:		Cell phone: _	
Email:		Home phone:	
Office Name:			
Office Address:			

If applicable: Phone number you would like printed in MLS: [] Home [] Office [] Cell

Are you presently a mer	mber of any other Association of REALTORS®? [] Yes [] No
If yes, name of associat	ion and type of membership held:
Have you previously he	ld membership in any other association of REALTORS®?[] Yes[] No
If yes, name of associat	ion and type of membership held:
	violation of the Code of Ethics or other membership duties in any association of st three (3) years or are there any such complaints pending?
[] Yes [] No	(If yes, please provide details as an attachment.)
Have you ever been cor	rvicted of a felony?
[]Yes[]No	(If yes, please provide details as an attachment.)
If you are now or have e	ever been a REALTOR®, indicate your NAR membership (NRDS) #:
Please also list the last	date (year) of completion of NAR's Code of Ethics training requirement:
Are you a principal, part	tner, corporate officer or branch office manager? [] Yes [] No
to provide complete and for revocation of my me association, I shall pay to Northwest Iowa Regiona	foregoing information furnished by me is true and correct, and I agree that failure accurate information as requested, or any misstatement of fact, shall be grounds mbership if granted. I further agree that, if accepted for membership in the the fees and dues as from time to time established. NOTE: Payments to the all Board of REALTORS® are not deductible as charitable contributions. Such r, be deductible as an ordinary and necessary business expense. No refunds will
the specified address, to available. This consent association(s) in the futu	ent that the REALTOR® associations (local, state, national) may contact me at elephone numbers, fax numbers, email address or other means of communication applies to changes in contact information that may be provided by me to the ure. This consent recognizes that certain state and federal laws may place limits I am waiving to receive all communications as part of my membership.
Dated:	Applicant Signature:
Dated:	Broker Signature:
Dated:	Executive Officer: