

Northern Wasatch Association of REALTORS®

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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