

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



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 _____

Home Phone _____ Cell Phone _____ Birth Date: _____/_____/_____

Last 4 of Social Sec. # _____ Name of office you will be with: _____

E-mail _____ Utah Real Estate Lic. No. _____ Exp. Date _____

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

Have you previously been a member of this Association? _____ When? _____ NRDS number if known _____

Have you previously been a member of an another Association? _____ Where? _____

Are you currently active with another Board _____ If yes, which Board? _____

If active, are you transferring from that Board or will you be a secondary member of this Association? _____

Do you hold, or have you ever held, a Real Estate License in another state? Yes No Where _____

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 (12 payments)	\$39
Annually (1 payment)	\$444
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: _____