

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 _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE # _____ 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 \$ _____
Assoc. Dues \$ _____
UAR Dues \$ _____
NAR Dues \$ _____
RPAC \$ _____
CAC Asmt/PR \$ _____
Total \$ _____

Supra \$ _____

RAP SI CR RC RD SU

TOTAL AMOUNT RECEIVED \$ _____ CK # _____

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