



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: _____

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 _____

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