

Application for Membership

Name: \Box Mr. \Box Ms. \Box Mrs	Nicknar	ne	
(EXACTLY as shown on your	our Utah RE License)	(Preferred Name)	
Home Address	City	State	Zip:
Cell Phone E	mail:		
Birth Date:/ Brokerage Na	me:		
Agent UT Real Estate License Number:		Expiration Date:	//
Do you speak a foreign language if so, w	hat language(s)		
Have you previously been a member of this or anoth	her Association? \Box No \Box Yes If yes,	when?	_ Where?
NRDS number if known:	Are you currently active with an	other Board? \Box No \Box	Yes If yes, see below.
Association Name:	Check	appropriate box: Tr	ansferring Secondary
Has your Real Estate License in this or any other sta	ate, been suspended or revoked? $\Box Y$	es □No If yes, please e	explain below:
Are there now, or have there been within the past finance been associated, before any state real estate real			
I hereby certify that the foregoing information furni information as requested, or any misstatement of fac established fees and dues in effect as long as I am a	ct, shall be grounds for revocation of	my membership. I fur	ther agree to pay the
Signed:	D	Date:	
Orie	ntation requirement for new me	mbers	
(also applies	s to members rejoining after more	than 5 years)	
5	nust be attended live, in person at t e 90 days to attend Orientation.	he association office	
Failure to do so will result	in repayment of membership fee,	and termination.	
I understand that Orientation is a requirement of			
20 I also understand that prior to receive	ing Supra access that I must comp	plete a minimum of 2	.5 nours of Code of Ethic

training and a minimum of 2 hours of Fair Housing training.

_____ Date: _____