## 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 ☐ Ch	ange Address/Name/Phone 🚨 Drop/Ina	ctive Agent (NRDS)	) #					
NAME	Last 4 of SSN #							
HOME ADDRESS								
MAILING ADDRESS								
(If different) HOME PHONE #	_MOBILE#	_ E-MAIL ADDRESS						
NEW MEMBERS & TRANSFERS: I will be associated with TRANSFERS & DROPS: I will no longer be with								
NEW APPLICANTS ONLY: I understand that I have 60 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 Paid \$  UAR Dues Paid \$  NAR Dues Paid \$	_ SupraKey \$	☐ RAP ☐ MLS ☐						
RPAC \$ Image Awareness \$	TOTAL AMOUNT RECEIV	ED \$	CK#					
Total \$	PLEASE RETURN COPIE	S: White & Yellow copies: Association	on office - Pink copy: to Broker or Member					



## Application for Membership

I,	hereby apply	y for membership	in the Northern Wasato	h Association of REA	ALTORS®.	
returned. In the event n ASSOCIATION OF REALTO orientation course of the A ASSOCIATION OF REALTOR by Article 17 of the Code	n fee and all dues/fees are non-ref my application is approved, I ago MRS® and the UTAH ASSOCIATION Association within ninety (90) da RS® and acknowledge and agree to fee Ethics and set forth in the Code dures Manual of the Association,	gree to abide and bon OF REALTORS®.  ays of this application in the contract of the contract o	be bound by the Bylaws I agree to attend and a on. I agree to abide by the controversies arising out o tration Manual of the NAT	of this Association, the satisfactorily complete e <b>Code of Ethics</b> of the freal estate transactions	the required the required ne NATIONAL s as specified	
Name □Mr □Ms □Mrs _	(Exactly as shown on your Utah RE Lie	1	Nickname			
		•		_		
Home Phone	Cell Phone		Birth Date:	//		
Last 4 of Social Sec. #	Name of office	e you will be with:				
E-mail	Utah R	eal Estate Lic. No	Exp. Date			
Do you speak a foreign lar	nguage if so, what lang	uage(s)				
Have you previously been	a member of this Association?	When?	NRDS number	if known		
Have you previously been	a member of an another Associat	ion?Whe	re?			
Are you currently active w	vith another Board If y	yes, which Board?				
	ing from that Board or will you be					
•	ever held, a Real Estate License in	·				
·	nse in this or any other state, been	•				
If yes please explain						
	ere been within the past five years ore any state real estate regulatory					
information as requested,	regoing information furnished by or any misstatement of fact, shall in effect as long as I am a member	be grounds for revo	cation of my membership.	I further agree to pay		
Signed:	ed: Date: <u>NEW MEMBER ORIENTATION</u>					
	<u>NEW MEMI</u>	BER ORIENTA	<u>HON</u>			
C	Orientation is a mandatory cl	1.1	• •			
Б. И.	You have 90 day	•		•		
<u>Failure to </u>	do so will result in repayme	nt of membershi	p fee, and result in ter	mination.		
		lerstand that prio de of Ethics Trai	or to receiving Supra a ining.		•	
	Signed:		Date:			



## UtahRealEstate Subscriber Form \*\*\*\*\*\* This form MUST be complete to be processed. \*\*\*\*\*\*

All transactions must be completed at the Division of Real Estate, your local Board/Association and UtahRealEstate separately. Choose one (1) of the following: [] New [] Reactivate [] Transfer [] Terminate/Inactive [] Change Name/Address/Phone

Choose one (1) of the following:	i i i i i i i i i i i i i i i i i i i	atomactive [ ] onlinge i	Name/Address/Fi	ione	
Broker Agent	Appraiser (Sold Only)	Appraiser (Full Service)	Other		
[ ] Principal [ ] Assoc. Broker	[ ] Licensed Appraise	er [ ] Licensed Appraiser	[ ] Appraiser Tra	ainee	
[ ] Branch [ ] Sales Agent		ial [ ] Certified Residential [ ] Certified General			
	[ ] Certified Gerieral	[ ] Certified General			
Please Fill Out the Following:					
SSN (last 4 digits only)	Date	_			
Name	License # 0				
Address					
City	-	StateZIP Code			
Phone	FAX	Mobile			
These numbers will automaticall	y appear on your listin	gs			
Email Address					
NEW SUBSCRIBERS/TRANSF	ERS:				
I will be with	Offi	ceID #			
Broker/Appraiser		Date			
Broker/Appraiser Signature $X_{\_}$					
TRANSFERS/TERMINATIONS:					
I will no longer be with	Office	eID#			
Broker/Appraiser		Date			
Broker/Appraiser Signature X					
LOCAL BOARD/ASSOCIATION					
The above licensee is an active r	member of the	Board/As	ssociation		
Board/Association Representa	tive Signature X				
		(Signature required for	Broker/Appraiser	/Sales Agent)	-
UtahRealEstate Use Only		CONTRACTOR AND ADMINISTRATION AD			
Amount Received \$ Check	" Cash	CC Date	Fine ID	Initials	