



365 Eddy Street, Suite 1, Providence, RI 02903

Phone: (401) 274-8386 Fax: (888) 909-6406 Email: info@ricabor.realtor Web: www.ricabor.realtor

Please refer to this checklist when applying for membership and be sure to return all items listed.

ARE YOU A NEW SALES OR BROKER ASSOCIATE OR APPRAISER?

If you are affiliating with an office that is a member of the Rhode Island Commercial and Appraisal Board, please include:

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on www.ricabor.realtor.)
- Appraisal or Real Estate license (copy.)
- Letter of Good Standing from your Manager verifying your start date. Or, provide a copy of DBR's transfer of license form.

ARE YOU currently a Sales or Broker Associate or Appraiser and now a member of ANOTHER ASSOCIATION?

If you are associating with an office that is a member of RICABOR and would like to transfer to our Board, please include:

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on www.ricabor.realtor.)
- Appraisal or Real Estate license (copy.)
- Letter of Good Standing from your Manager verifying your start date, or provide a copy of DBR's transfer of license form.
- Letter of Good Standing from your previous Board.
- Class certificate on the National Association of REALTORS® Code of Ethics. Completion date **must comply with** the biennial of 1/1/17—12/31/18 (copy.)

ARE YOU A PRINCIPAL OF A REAL ESTATE OR APPRAISAL OFFICE? Please include:

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available on www.ricabor.realtor.)
- Principal's Appraisal or Real Estate license (copy)
- [Board Certification Form](#)
- Letter of Good Standing from your previous Board.
- Class certificate on the National Association of REALTORS® Code of Ethics. Completion date **must comply with** the biennial of 1/1/17—12/31/18 (copy.)
- To participate in the Statewide Multiple Listing Service, see [this page](#) of the MLS website and complete the Agreement to Participate contract. Please contact Donna McGinn at donna@statewidemls.com to file the contract or if you have any questions on MLS billing or policy.

Be sure to view this [document](#) on commonly asked questions and answers and to learn more about membership privileges and obligations. Applications received in complete order will be processed in approximately 48-72 business hours. Applicants will be notified BY EMAIL regarding their membership status and will be provided with the schedule of required courses, including the New Member Orientation Class and the New Member Code of Ethics class. Visit www.ricabor.realtor for upcoming events and more information on valuable member services.

RICABOR leads, supports, and inspires excellence in its members through education, advocacy and business development.

If you have any questions or require assistance, please do not hesitate to contact us.

Rev 7/17

For RICABOR Use Only

NRDS

ID: _____

Office ID: _____

Start date: _____

Payment: _____



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APPLICATION FOR REALTOR® MEMBERSHIP

I HEREBY APPLY FOR: **REALTOR®/PRINCIPAL** **REALTOR®** **CHIEF APPRAISER/PRINCIPAL** **APPRAISER**, membership in the above named Board, enclosing my check in the Amount of \$ _____*, which is to be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate any future disputes with another Member in accordance with the Board's arbitration procedures. I also agree to abide by the Constitution, Bylaws, and Rules and Regulations of the above Board, the State Association, and the National Association and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination of such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements not be completed within timeframe established in the Board's Bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the Board's Bylaws as a continued condition of membership. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns from membership in the Board with an ethics complaint or arbitration request pending, the Board of Directors may condition the right of the resigning Member to reapply for membership upon the applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if a Member resigns without having complied with an award in arbitration, the Board of Directors may condition any reapplication of the former Member upon his/her promise to pay the award, plus any costs that have previously been established as due and payable by the former Member, provided that the award has not, in the meanwhile been otherwise satisfied. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

*Dues are prorated monthly. Application Fees are not prorated. All dues/fees are not refundable and are not tax deductible as charitable contributions. Portions of your payment may be deductible as ordinary and necessary business expenses.

I hereby submit the following information for your consideration (Please print clearly.)

Name as shown on license: _____ License # _____ State of Issue _____ Broker
 Sales
FIRM/OFFICE INFORMATION: Exp. Date _____ Appraiser
Name of Firm/Office: _____ Office Phone: _____
Firm/Office Address: _____
P.O. Box (if applicable) _____ City: _____ State: _____ Zip: _____
Your position with this firm: Independent Contractor Principal Partner Corporate Officer Trustee Employee

PERSONAL/HOME INFORMATION:
First Name: _____ Last Name: _____ Middle Initial: _____ Suffix (i.e. Jr.) _____
Street Address: _____ City/Town: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Date of Birth: _____
Primary Email Address: _____ Secondary Email Address: _____
Other Mailing Address: _____
Preferred Mailing Address: Home Office Other Preferred Phone: Home Office Cell

I agree that, if accepted for Membership in the Board, I shall pay the fees and dues as from time to time established. I understand that my membership dues are an annual obligation and that my membership expires December 31st. I understand that my renewal invoice is paperless and will be available online on the member portal on www.ricabor.realtor in October of each year.

RICABOR Membership Application – Page 2

Your website address: _____

Do you speak a second language? Yes No If “Yes”, what language(s) do you speak? _____

How did you hear about us? Your office Our Staff Website Other _____

If you are or have ever been a member of a REALTOR® Association, provide your NRDS Membership ID # _____ and the name of the Association(s) and time period for which membership was held _____

Please provide the last date of completion of the National Association of REALTORS® Code of Ethics Training: _____

Have you ever been refused membership in any other REALTOR® Association? Yes No
If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Have you been found in violation of the Code of Ethics or other membership duties in any REALTOR® Association in the past three (3) years or are there any such complaints pending? Yes No If yes, provide details as an attachment.

Have you ever had membership in any other REALTOR® Association suspended, expelled or terminated? Yes No
If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

First Licensed in this State _____ Have you been engaged continuously in the business since then? Yes No
If not, during what years were you in the business? _____

Established in present location since _____ Name of your previous office: _____

Do you hold, or have you ever held, a license in any other state? Yes No If yes, where _____
Has your real estate license in this or any other state been suspended or revoked or have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? Yes No If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto: _____

Is the office address stated on page 1 your principal place of business? Yes No If not, or if you have any branch offices, please indicate and give addresses: _____

Have you participated in a Multiple Listing Service? Yes No Where? _____

Optional: In what phases of real estate do you specialize? _____ Do you hold a college degree? Yes No
If yes, Degree _____ Are you now employed in any business or profession other than real estate?
 Yes No If yes, position and location: _____
Please share any civic and/or business accomplishments or activities: _____

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 if granted. By signing below, I give the REALTOR® Association (Local, State and National) permission to mail, telephone, email, fax and/or text me about association activities, products and services.

I also certify that I have downloaded and will subscribe to the REALTOR® Code of Ethics and the Bylaws, Constitution and Rules and Regulations of the Rhode Island Commercial & Appraisal Board, the RI Association of REALTORS® and the National Association of REALTORS®, available on the Board's website at www.ricabor.realtor. (Please contact the Board office at 401-274-8386 if you would like copies mailed to you.)

PAGE 2 of 2 (attach a separate sheet(s) as required.) **Signed:** _____ (Applicant)

Authorization to charge my REALTOR® Association Membership Dues

I authorize the Rhode Island Commercial and Appraisal Board of REALTORS® to charge my dues with a credit card or deduct the amount owed from my checking account as indicated below.

(To avoid delays in processing, please print clearly.)



PAYMENT BY CREDIT CARD

Date: _____

Name on credit card: _____ Amount to be charged: _____

Credit card: MasterCard Visa Discover American Express

Is your credit card a: Personal credit card or a Corporate credit card

Card number: _____ Expiration Date: _____

CSV/security code on the card: _____

For verification purposes, please provide the address where you receive the monthly statement on the credit card:

Email address where we may send the receipt: _____

Please provide a contact phone number: _____ Signature: _____

**Please note: Once you have been processed, a payment receipt will be emailed to you in approximately 48-72 business hours. Your payment will appear on your statement as "REALTOR® Association/MLS."*

Thank you for selecting the Rhode Island Commercial & Appraisal Board of REALTORS® as your Board of Choice!

This form & your application may be faxed to (888)-909-6406 or mailed to RICABOR, 365 Eddy St., Ste. 1, Prov., RI 02903.

RICABOR leads, supports, and inspires excellence in its members through education, advocacy and business development.

AUTHORIZATION TO CHARGE CONTINUED

If the credit card appearing on the previous form is not yours, the following written authorization must be received with your application:

I am not the member, but authorize the RICABOR to charge the above amount to my credit card:

_____ Sign Name

_____ Print Name

_____ Email Address

_____ Date

_____ Best Phone Number

_____ (last 4 digits of the credit card)

Circle one: Mastercard VISA Discover American Express

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