



Kittitas County ASSOCIATION OF REALTORS®

c/o 2707 River Road • Yakima, WA. 98902 • phone 509-457-8191 • fax 509-453-9716 • e-mail: info@yarmls.com

APPLICATION FOR MEMBERSHIP

I, the undersigned, _____, hereby apply for REALTOR® membership in the KITTITAS COUNTY ASSOCIATION OF REALTORS® and enclose my check in the amount of \$ _____, which I understand will be returned to me in the event I am not accepted to membership. I agree as a condition of membership to complete the indoctrination course of the above named Association, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate contractual and specific non-contractual disputes in accordance with Article 17 of the Code of Ethics and the Code of Ethics and Arbitration Manual of the Association and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the State Association and the National Association. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Board to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such 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.

Name as shown on license: _____

Name as you want it to appear on the roster: _____

Nickname, if any: _____

Real Estate License # _____ Type of License: _____

Driver's License # _____ Date of Birth: _____

Home Address: _____ City State Zip Code

Home Mailing Address: _____

Home Phone: _____ Home FAX: _____

Name of Office: _____

Office Mailing Address: _____

Office Phone: _____ Office FAX #: _____

e-mail address: _____ Cell Phone _____

Home or office as your primary mailing address? Home ___ Office ___

NOTE: Applicant acknowledges that the board/association will maintain a membership file of information, which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the board/association or its MLS.

Initials: _____

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Board with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon 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 applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Initials: _____

NOTE: Dues payments to the Board/Association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. Membership dues are paid annually. Once accepted for membership, dues are non-refundable.

Initials: _____

I agree that, if accepted for Membership in the Board, I shall pay the fees and dues as from time to time established. Payments are non-refundable.

Dated: _____ 20_____

Signed: _____
(Applicant's Usual Form of Signature)

What professional designations, if any, do you hold? _____

Are you currently a member of another board or association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you held membership in another board or association?
_____ Yes _____ No

If "yes," list each board and association where membership was held, type of membership held, and approximate dates of membership.

If "yes," please note your National Realtor Database System (NRDS) number: _____

Have you been a subscriber in a Multiple Listing Service which is owned and operated by a board or association affiliated with the NATIONAL ASSOCIATION OF REALTORS®?
_____ Yes _____ No

If "yes," list the name of each MLS and the approximate dates of participation

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, may be grounds for revocation of my membership, if granted.

Signed: _____
(Applicant) (Date)