



2400 Post Road, Warwick, RI 02886

p: (401) 274-8386 f: (401) 732-1708 | info@ricabor.realtor | www.ricabor.realtor

MEMBERSHIP APPLICATION

Please refer to the checklist below when applying for membership and return all items listed.

New Member:

Application fees are \$200 for Principals & \$150 for Associates

If you are a new member and/or affiliate with an office that is a member, please include:

Completed and signed application.

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.

Designated Realtor Member:

If you are the designated principal of a real estate or appraisal office, please include the following:

Completed and signed application.

Dues payment (Prorated dues available on www.ricabor.realtor.)

Principal's Appraisal or Real Estate license (copy)

[DR 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 1/1/19—12/31/21. (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@rirealtors.org to file the contract or if you have any questions on MLS billing or policy.

Transfer Member:

If you are a Sales or Broker Associate or Appraiser that is a current member of another board and would like to transfer to our board, please include:

Completed and signed application.

Dues payment (Prorated dues available 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 1/1/19—12/31/21. (copy)

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.*



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

For RICABOR Use Only

NRDS ID: _____

Office ID: _____

Start date: _____

Payment: _____

Rev. 12/19

APPLICATION FOR REALTOR® MEMBERSHIP

Membership Type:

PRINCIPAL REALTOR® REALTOR® CHIEF APPRAISER/PRINCIPAL APPRAISER

I hereby submit the following information for your consideration:

Contact Information:

PERSONAL/HOME INFORMATION:

Name (as show on license): _____
First M.I. Last Name Suffix

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Home Phone: _____ Cell Phone: _____

Email Address: _____ 2nd Email Address: _____

Business Type: Corporation, Sole, Proprietorship, DBA, Partnership
Office is: Main Office, Branch Office, Single Office
Position with Firm: Independent Contractor, Principal, Partner, Corporate Officer, Trustee, Employee, Other

OFFICE INFORMATION:

Name of Firm/Office: _____

Address: _____
Street City State Zip

Mailing Address: _____
(If different than above) Street City State Zip

Office Phone: _____ Fax Number: _____

Preferred Contact Method:

Mailing Address: Home Office Other
Phone: Cell Office Other

License Information

License Number: _____ State of Issue: _____ First Licensed in State: _____
Year

License Type: Broker Corporate Appraiser

Have you been engaged continuously in the business since first licensed? Yes No

If no, during what years were you in business? _____

Present location established: _____ Name of Previous office: _____

Do you hold, or have you ever held, a license in any other state? Yes No

If "Yes", what state? _____

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:

Additional Information

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

Website address: _____

Do you speak a second language? Yes No

If "Yes", what language(s) do you speak? _____

Have you ever been a member of a REALTOR® Association? Yes No

If "Yes", complete the following:

NRDS Membership ID #: _____

Name of Association: _____

Membership period: _____

Date of last 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:

Is the office address stated on page 1 your principal place of business? Yes No

If "No", 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:

Payment and Signature

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. 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.

I HEREBY APPLY For membership in the Rhode Island Commercial and Appraisal Board of REALTORS®, 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.

Applicant's Signature: _____ **Date:** _____

Thank you for selecting the Rhode Island Commercial & Appraisal Board of REALTORS® as your Board of Choice! Your completed application may be emailed to info@ricabor.org, faxed to (401)-732-1708 or mailed to RICABOR, 2400 Post Road, Warwick, RI 02886.



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CREDIT CARD AUTHORIZATION

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

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

MasterCard Visa Discover American Express

Credit Card Type: Personal credit card Corporate credit card

Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address: _____
Street City State Zip

Email Address: _____ Phone Number: _____

Signature: _____ **Date:** _____

**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."*

If the credit card appearing above is not yours, the following written authorization must be received with the application:

I am not the applicant, but authorize RICABOR to charge the above amount to the credit card information provided.

Print Name: _____ Sign Name: _____ Date: _____

Email Address: _____ Phone Number: _____

_____ Last 4 digits of Credit Card

Circle one: Mastercard Visa Discover American Express

Thank you for selecting the Rhode Island Commercial and Appraisal Board of REALTORS® as your Board of Choice. This form may be faxed to our office at (401) 732-1708. Do not email credit card information as email is not secure.