



# Northwest Iowa REALTORS®

## Application for Membership

- Primary full REALTOR® member
- Secondary member
- MLS-only participant
- Board-only member

I hereby apply for REALTOR® Membership in the above-named association and agree to provide payment for a one-time application fee and dues payable for the current year to the Northwest Iowa REALTORS®. My fees will be returned to me in the event of no election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws, and Rules and Regulations of the above-named association, the state association, and the national association. 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, such as orientation, not be completed within the timeframe established in the association's bylaws.

*NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. 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®.*

### Demographic Information

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ Home State \_\_\_\_\_ Home Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

Office City \_\_\_\_\_ Office State \_\_\_\_\_ Office Zip \_\_\_\_\_

Prefer to receive mail at: Home address Office address Prefer phone calls to: Cell Office Home

**Real Estate Information**

Real estate license number(s) \_\_\_\_\_

Password request for MLS\* \_\_\_\_\_

*\*For security, this must be 12-14 characters and include at least one special character (&, \*, !, or similar)*

Are you a licensed/certified appraiser?    Yes    No

\*If yes, list appraisal license # \_\_\_\_\_

Are you a principal, partner, corporate officer or branch office manager?    Yes    No

Languages spoken (other than English) \_\_\_\_\_

Are you presently a member of any other Association of REALTORS®?    Yes    No

\*If yes, name of association and type of membership held: \_\_\_\_\_

Have you previously held membership in any other association of REALTORS®?    Yes    No

\*If yes, name of association and type of membership held: \_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in any association of REALTORS® in the past three (3) years or are there any such complaints pending?    Yes    No

*If yes, please provide details as an attachment.*

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: \_\_\_\_\_

**Business Specialties**

*Check all that apply*

\_\_\_\_\_ Residential Real Estate

\_\_\_\_\_ Commercial Real Estate

\_\_\_\_\_ Appraisal Services

\_\_\_\_\_ Property Management Services

\_\_\_\_\_ Auctioneer Services

\_\_\_\_\_ Other (describe below)

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**Security Level in MLS**

*(To be completed by prospective agent's broker)*

\_\_\_\_\_ Listing Maintenance (Ability to add/maintain own listings)

\_\_\_\_\_ No Listing Maintenance (Unable to make changes to listing)

Broker initials \_\_\_\_\_ Date \_\_\_\_\_

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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. I further agree that, if accepted for membership in the association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Northwest Iowa REALTORS® (NWIA) are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds will be given.

By signing below I consent that the REALTOR® associations (local, state, national) may contact me at the specified address, telephone numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

I understand that photos or videos may be taken of me while attending all NWIA events, and give permission for these photos or videos of me to be used to promote NWIA events. All images will remain the property of the Northwest Iowa REALTORS®.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Broker Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Officer Signature \_\_\_\_\_ Date \_\_\_\_\_