



RI Commercial and Appraisal Board of REALTORS®

365 Eddy Street, Suite 1, Providence, RI 02903

Phone: (401) 274-8386 Fax: (401) 421-4705

Email: info@ricabor.org Web: www.ricabor.org

**Please refer to this checklist when applying for membership.
Incomplete applications will not be processed.**

Salespersons, Brokers or Appraisal Licensees:

- Please be sure to complete and sign both pages of the membership application and return it with:
- Your dues payment (prorated dues information is available [online](#) or contact us 401-274-8386 – checks should be made payable to RI Commercial and Appraisal Board of REALTORS®. Payments can be processed electronically, also, if you complete and return this [form](#).)
- Copy of your temporary/permanent license.
- Letter from your Manager verifying you are affiliating with his/her office and your start date.

Applying as a Principal Broker or Chief Appraiser of an office?

- Please be sure to complete and sign both pages of the membership application and return it with:
- Your dues payment (prorated dues information is available [online](#) or contact us 401-274-8386 – checks should be made payable to RI Commercial and Appraisal Board of REALTORS®. Payments can be processed electronically, also, if you complete and return this [form](#).)
- Copy of your temporary/permanent license.
- [Board Certification Form](#).
- [Agreement to Participate](#) contract if the office will be participating in Rhode Island's Statewide Multiple Listing Service.

* If you are currently a member of another Association, please indicate so on the membership application.

Applicants will be notified BY EMAIL upon receipt of their application in the Board office.



APPLICATION FOR MEMBERSHIP



RI Commercial and Appraisal Board of REALTORS®

365 Eddy Street, Suite 1, Providence, RI 02903

Phone: (401) 274-8386

Fax: (401) 421-4705

Email: info@ricabor.org

Web: www.ricabor.org

I HEREBY APPLY FOR: (circle one) REALTOR® PRINCIPAL REALTOR® CHIEF APPRAISER APPRAISER AFFILIATE, membership in the above named Board, enclosing my check in the Amount of \$_____*...

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...

*Dues are prorated monthly. 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: _____ RI License #: _____ Expiration Date _____

FIRM/OFFICE INFORMATION:

Name of Firm/Office: _____ Office Phone: _____
Firm/Office Street Address: _____ Office Fax: _____
P.O. Box (if applicable) _____ City: _____ State: _____ Zip: _____
Your position with this firm: [] Independent Contractor [] Principal [] Partner [] Corporate Officer [] Trustee [] Employee

PERSONAL/HOME INFORMATION:

[] Mr. [] Ms. [] Mrs. First Name: _____ Last Name: _____ Middle Initial: _____
Street Address: _____ City/Town: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Date of Birth: _____
Email Address: _____ Preferred Mailing Address: [] Home [] Office [] Other
Other Mailing Address: _____ 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.

PAGE 1 of 2 Date: _____ Applicant's Signature: _____ (OVER)

For RICABOR use only: NRDS ID: _____ Office ID: _____ Start Date: _____ Payment: _____

RI Commercial and Appraisal Board of REALTORS® 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 NAR's 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: _____

Have you or your firm been convicted of a felony? Yes No If yes, please provide details: _____

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: _____

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 and/or fax me about association activities, products and services.

I also certify that I will subscribe to the REALTOR® Code of Ethics and the Bylaws, Constitution and Rules and Regulations of the RI Commercial Appraisal Board of REALTORS®, the RI Association of REALTORS® and the National Association of REALTORS®. I will contact the RI Commercial Appraisal Board of REALTORS® for copies of these documents.