



The Honolulu Board of REALTORS® AFFILIATE APPLICATION



MEMBERSHIP:

Affiliate members shall be individuals licensed or certified to engage in real estate practice who, if otherwise eligible, do not elect to hold REALTORS® or REALTOR-ASSOCIATE® membership in the Board provided they are engaged exclusively in a specialty of the real estate business other than brokerage or real property, or real estate owners and other individuals or firms who are not eligible for REALTOR®, REALTOR-ASSOCIATE® or Institute Affiliate membership as defined in the HBR Bylaws, yet have interests requiring information concerning real estate and who are in sympathy with the objectives of the Board.

QUALIFICATIONS:

An applicant for Affiliate Membership shall provide evidence satisfactory to the Board that the applicant: is an individual licensed or certified to engage in real estate practice who, if otherwise eligible, does not elect to hold REALTOR® or REALTOR-ASSOCIATE® membership in the Board provided said applicant is engaged exclusively in the specialty of the real estate business other than brokerage of real property, or a real estate owner or an individual or firm who are not eligible for REALTOR®, REALTOR-ASSOCIATE® or Institute Affiliate membership as defined in the HBR Bylaws, yet has interests requiring information concerning real estate and it is sympathy with the objectives of the Board; and shall agree, if elected to membership, to abide by the Constitution, Bylaws and Rules and Regulations of the Board, the State Association, and the NATIONAL ASSOCIATION OF REALTORS®

I hereby submit the following information for your consideration (PLEASE PRINT).

Please complete the form

Type of Membership:

Primary Secondary

Ms. Mrs. Mr.

Full Name: _____
LAST NAME FIRST NAME M.I.

HiCentral.com Password: _____ Min. 8/Max. 20 characters long; at least 1 Number; 1 Lowercase or 1 Uppercase letter and at least 1 Special character like + - # = () ~ ^ etc. The following are NOT allowed: " % ' \ (To conform with our password policy, you are required to use a sufficiently strong password)

Security Question: Your birthplace (city name): _____

Name of Firm: _____

Office Address: _____
STREET CITY STATE ZIP

Type of Business: _____

Home Address: _____
STREET CITY STATE ZIP

Preferred Mailing Address: Office Home

Cell Ph: _____ Home Ph.: _____ Office Ph.: _____ Direct Ph.: _____

Personal Fax: _____ E-Mail: _____

Website: _____ Preferred Ph: Cell Home Office Direct

Do you want your Preferred Contact #, listed in the Membership Roster? Yes No

Do you hold an active Hawaii Real Estate License or Appraiser License? Yes No

If yes, License # _____ and type _____

Are you associated with a firm engaged in the brokerage of Real Property? Yes No

Do you hold membership in the Institute, Society or Council of the National Association of REALTORS®? Yes No

Which Organization? _____

If elected to membership, I agree to abide by the Constitution, Bylaws and Rules and Regulation of the Board, the State Association, and the National Association of REALTORS®. I consent that the Board may invite and receive information and comment about me from any Member, other person, board, state association or MLS, and I further agree that any information and comment furnished to the Board by any person is 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. I understand that all fees and dues paid to the Board are non-refundable.

SIGNATURE: _____ DATE: _____