



The Honolulu Board of REALTORS® REALTOR®, REALTOR-ASSOCIATE® & Appraiser Application



I hereby apply for membership in the Honolulu Board of REALTORS® and enclose my payment for Board membership. In the event my application is approved, I agree as a condition of membership to complete an orientation course and thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, the Constitution, Bylaws, Policy, and Rules and Regulations of the Board, State Association and National Association. If elected as a Member, I agree to abide by the Constitution, Bylaws, Rules and Regulations of the Board, State Association and National Association, and the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes arising out of real estate transactions. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitution, Bylaws, Policy, and Rules and Regulations, and duty to arbitrate, all as from time to time amended. I consent that 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 Board 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.

NOTE: I acknowledge that if accepted as a Member and I subsequently resign or am expelled from the Board with an ethics complaint and /or arbitration request pending or filed, I will be required to participate in any proceedings including submitting to pending ethics and/or arbitration hearing(s) and will be bound by the findings as a result of such proceedings as outlined in the Board Bylaws. If I resign or am expelled from membership by any Board or Association without having complied with disciplinary action imposed by a Hearing Panel(s), the Honolulu Board of Realtors®, pursuant to the NAR Bylaws, will be unable to grant me membership due to the unfulfilled sanction pending for violation of the Code of Ethics. In addition, if I resign or am expelled from membership by any Board or Association with an ethics complaint and/or arbitration request pending or filed, the Board may condition membership on my certification that I will submit to the pending ethics or arbitration proceeding with the established procedures of the Board and will abide by the decision of the hearing panel.

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

Please complete the form

Name as registered with REC: _____
LAST NAME
FIRST NAME
M.I.

Ms. Mrs. Mr.

License No.: _____

SALES PERSON/BROKERS: <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson	APPRAISERS: <input type="checkbox"/> State Certified <input type="checkbox"/> State Licensed <input type="checkbox"/> General Licensed
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Nickname(s): _____ Date of Birth: ____ / ____ / ____

Formerly Known As Name(s): _____

Type of Membership: Primary Secondary (If secondary, list primary Board name): _____

Member Type: Designated REALTOR® REALTOR® REALTOR-ASSOCIATE® Appraiser

PRIMARY FIELD OF BUSINESS (select at least one) (NAR REQUIREMENT):			
<input type="checkbox"/> 100 General Residential Sales	<input type="checkbox"/> 130 Residential Property Management Single Family	<input type="checkbox"/> 206 Commercial Property Management	<input type="checkbox"/> 109 Residential Appraisal

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

Home Address: _____
 (NAR REQUIREMENT) STREET
CITY
STATE
ZIP

Preferred Mailing Address: Office Home

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

Personal Fax: _____ E-Mail (NAR REQUIREMENT): _____

Website: _____ Preferred Ph: Cell Home Office Direct

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First entered Real Estate in: _____ / _____ / _____ at: _____
Mo. Day Year City, State

Have you previously held membership in this or any other Board? Yes No

If **YES**, list Board, dates, Name registered under and NRDS#:

Have you been found in violation of the Code of Ethics or of any other membership duty in this Board or any other Board or association of REALTORS® within the past three years? Yes No

If **YES**, please give details (nature of violation, sanctions imposed, date of sanction):

Do you have any unresolved ethics or arbitration complaints outstanding, unsatisfied discipline pending, unpaid arbitration awards, or unpaid financial obligations to this Board or any other Board or Board Multiple Listing Service? If yes, please list and explain: Yes No

Are you a sole proprietor, partner, corporate officer or branch office manager? ____ Yes ____ No

If **YES**, have you any recent or pending bankruptcy within the past three years? ____ Yes ____ No

If so, what year(s): _____

Give details: _____

Have you had any official sanctions involving unprofessional conduct* within the past three years? ____ Yes ____ No

If so, what year(s): _____

*Unprofessional conduct is intended to mean violations of 1) civil rights laws; 2) real estate license laws; and 3) other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities.

Professional designations do you hold from affiliates of NAR? (Please provide a copy of the certificate or confirmation letter)

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> CCIM Certified Commercial Investment Member | <input type="checkbox"/> CRS Certified Residential Specialist |
| <input type="checkbox"/> CPM Certified Property Manager | <input type="checkbox"/> GRI Graduate REALTOR® Institute |
| <input type="checkbox"/> CRB Certified Real Estate Brokerage Manager | <input type="checkbox"/> Other _____ |

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 consent and authorize the Board to receive information and comments about me from any of the Boards listed above regarding my membership, professional conduct and financial status. I further understand that all fees and dues paid to the Board are non-refundable.

SIGNATURE: _____ **DATE:** _____

APPRAISERS: By initialing here I understand that NAR considers licensed Appraisers as REALTOR® members and I will abide by NAR & HBR Bylaws which require all REALTOR® members to fulfill the NAR Code of Ethics Training Requirement every three (3) years.

Honolulu Board of REALTORS®
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