



# Kauai Board of REALTORS® - Membership Application



- **I am applying for membership in the Kaua`i Board of REALTORS® as a:**  
 Primary Member  
 Secondary Member (please indicate primary board/association where you have paid your National Association of REALTORS® dues). \_\_\_\_\_
- **I am applying for:** (Check one only)  
 New Board membership including Reactivated and Terminated board members over 2 years. \$250 application fee plus dues as prorated. Orientation is required.  
 Reactivated or Terminated membership less than two years. \$100 reinstatement fee plus dues as prorated. Orientation is not required  
 Secondary Membership. \$100 application fee plus local and State if applicable (proof of primary membership must be submitted with application).
- **I am applying for membership in the Kauai Board of REALTORS® as:**  
 REALTOR®                       REALTOR-ASSOCIATE®                       Designated REALTOR®/Principal

### Dues Schedule

	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
KBR Dues	\$195.00	\$178.75	\$162.50	\$146.25	\$130.00	\$113.75	\$97.50	\$81.25	\$65.00	\$48.75	\$32.50	\$16.25
KBR PR	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
HAR Dues	\$161.00	\$147.60	\$134.20	\$120.80	\$107.40	\$ 94.00	\$80.60	\$67.20	\$53.80	\$40.40	\$27.00	\$13.60
NAR Dues	\$ 80.00	\$ 73.35	\$ 66.70	\$ 60.00	\$ 53.40	\$ 46.65	\$40.00	\$33.30	\$26.70	\$20.00	\$13.30	\$ 6.70
NAR Public Awareness	\$ 30.00	\$ 30.00	\$ 30.00	\$30.00	\$ 30.00	\$ 30.00	\$30.00	\$30.00	225.50	\$30.00	\$30.00	\$30.00
<b>Total</b>	\$516.00	\$479.70	\$443.40	\$407.05	\$370.80	\$334.30	\$298.10	\$261.75	\$220.40	\$209.25	\$152.80	\$116.55

To the Kauai Board of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$ \_\_\_\_\_ **that includes the one time application fee and dues as stated above for my membership into the KAUAI BOARD OF REALTORS®.** My application fee and 2007 dues will 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®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on 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, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

**NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board 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®.

\* Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

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

Real Estate License #: \_\_\_\_\_

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

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred Mailing: [  ] Home [  ] Office

Preferred Phone: [  ] Home [  ] Cell

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, provide details as an attachment.)  
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: \_\_\_\_\_  
and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_  
**Are you a principal, partner, corporate officer or branch office manager?**  Yes  No **If yes, you must also complete 2<sup>nd</sup> page of this application.**

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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the [Name] Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax 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.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

(Optional Information): Date of Birth: \_\_\_\_\_  
Specialty:  Residential  Commercial  Resort  International  Other: \_\_\_\_\_  
How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_  
Number of years engaged in the real estate business: \_\_\_\_\_

**FOR DESIGNATED BROKERS/BRANCH MANAGERS – Please complete the following**

Company information:  Sole Proprietor  Partnership  Corporation  LLC(Limited Liability Company)  
 Other, specify \_\_\_\_\_

Your position:  Principal  Partner  Corporate Officer  Majority Shareholder  Branch Office Manager

Names of other Partners/Officers/ of your firm:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®?  Yes  No  
If yes, state the basis for each such refusal and detail the circumstances related thereto:  
\_\_\_\_\_  
\_\_\_\_\_

Is the Office Address, as stated, your principal place of business?  Yes  No  
If not, or if you have any branch offices, please indicate and give address:  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state?  Yes  No  
If so, where:  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide details:

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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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the [Name] Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax 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.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_