



# New Member Application

I hereby apply for membership in the West Hawaii Association of REALTORS® (WHAR) and enclose my payment. 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 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 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, Rules and Regulations, and duty to arbitrate, all as from time to time amended. I consent that and authorize the Board through its membership Committee or otherwise to invite and receive information and comment about me from 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 I subsequently resign or am expelled from membership in the Association with an ethics complaint pending, the Board of Directors may condition renewal of membership upon my verification that I will submit to pending ethics hearing and will abide by the decision of the Hearing Panel; or if I resign or am expelled from membership without having complied with disciplinary action imposed by a hearing Panel, the Board of Directors may condition renewal of membership upon compliance with said disciplinary action. I acknowledge and agree that if an arbitration case is filed and I withdraw from membership after the fact, I will still participate in any proceedings and be bound by the findings as a result of such proceedings as outlined in the Board Bylaws.

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

Date: \_\_\_\_\_

Name as registered with REC: \_\_\_\_\_  
(Last) (First) (M.I.)

Ms.  Mrs.  Mr. Last 4-digits of Social Security No.: \_\_\_\_\_

Broker  Salesperson License No.: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Formerly Known As Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Name of Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Street) (City) (HI) (ZIP)

Broker: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

Home Address: \_\_\_\_\_  
**(NAR Requirement)** (Street) (City) (HI) (ZIP)

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

Preferred Mailing Address:  Office  Home  Mailing

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Contact Phone:  Office  Home  Cell Personal Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_  
**(NAR Requirement)**

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 financial 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.*

What professional designations do you hold from affiliates of NAR? *(Please provide a copy of the certificate of confirmation letter)*

- CCIM Certified Commercial Investment Member
- CPM Certified Property Manger
- CRB Certified Real Estate Brokerage Manager

- CRS Certified Residential Specialist
- GRI Graduate REALTOR® Institute
- 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 previously listed 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: \_\_\_\_\_

<b>New Member Fees January 2018</b>							
NAR Public Awareness Campaign Assessment	NAR	HAR	WHAR	TOTAL Required	<i>WHAR App. Fee</i>	<i>HAR App Fee</i>	<i>Total with Required &amp; App.Fee</i>
\$35	\$120	\$225	\$340	\$720	<i>\$160</i>	<i>\$30</i>	<i>\$910.00</i>

Credit card #: \_\_\_\_\_  
*(Visa, Amex, MasterCard, Discover)*

Exp.: \_\_\_\_\_

CVC: \_\_\_\_\_  
*(3-digit verification #)*

Please make checks payable to:

WHAR  
75-5995 Kuakini Hwy., Ste. 221  
Kailua-Kona, HI 96740