



Office Member Application

I am applying for membership as a (Check one of the following):

Sole Proprietorship
(complete Section A & C)

Partnership / LLC
(complete Sections A & B)

Corporation
(complete Sections A & B)

Note: WHAR/NAR Bylaws states: "All persons who are partners in a partnership, or all officers in a corporation, who hold an active real estate license in the State of Hawaii, are required to hold REALTOR® Membership."

Section A

Office Name: _____ Office Fed. Tax ID#: _____
Office License # _____ G.E.T. #: _____
WHAR Office _____
ID#: _____

Office Name: _____
Office Mailing Address: _____
Office Street Address: _____
Office Phone: _____ Office Voicemail Ext: _____ Office Fax: _____
Website: _____
Office Email Address: _____

Name of PB / BIC: _____

Principal Broker's: Home Phone# _____ Cell Phone# _____

Principal Broker's Preferred Mail Address: (Circle one): Home Street / Member Mailing / Office Mailing/ Office Street

A broker shall maintain a fixed office located in this state at a business address registered with the Real Estate Commission Office from which the broker does, in fact, conduct business, and where the broker's and records are maintained. There shall be a PB/BIC at the principle place of business. Please answer the following questions about your office:

- State the names and titles of all principals, partners, or corporate officers of your firm:

- Is the office address stated above your principal place of business? ___Yes ___No

- List the names and addresses of all branch offices or other real estate firms in which you are a principal, partner or corporate officer:

- Is your office currently a member of another board or association which is affiliated with the National Association of REALTORS® or, have you held membership in another board or association within the past three (3) years? ___Yes ___No

If "yes", list each board/association where membership was held, the type of membership held, and approximate dates of membership: _____

- Are you, or is any real estate firm in which you are a sole proprietor, general partner or corporate officer, involved in any pending bankruptcy or insolvency proceeding or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? _____Yes ___No

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

(Attach separate sheet if necessary)

- Do you hold, or have you ever held, a real estate license in any other state? _____Yes _____No

If yes, specify name of the state and license number:

- Has your real estate license, in this or any other state, been suspended or revoked? _____Yes ___No

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto (Attach separate sheet if necessary): _____

- Are there now any pending or unresolved complaints, or have there been within the past three years, any complaints against you or the firm or any of its principals before any state real estate regulatory agency or any other agency of government? _____Yes _____No

If "yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint (Attach separate sheet if necessary): _____

- Have you or any other principals ever been convicted of a felony? _____Yes ___No

If so, give details including state and court of conviction (Attach separate sheet if necessary): _____

- The following Licensees Are Affiliated With My Office (if additional space is needed, please attach list):

Member Name	License #	Member Name	License #
1 _____	_____	7 _____	_____
2 _____	_____	8 _____	_____
3 _____	_____	9 _____	_____
4 _____	_____	10 _____	_____
5 _____	_____	11 _____	_____
6 _____	_____	12 _____	_____

I understand and agree that:

1. I have received a copy of the Bylaws of the West Hawaii Association of REALTORS® and agree to adhere to the policies therein
2. I will notify the West Hawaii AOR of any change in agents licensed with the firm or office location within ten (10) days after change becomes effective; I will notify the West Hawaii AOR when I plan to be absent from my office for more than thirty calendar days and will advise them the name of the Broker-in-Charge in my absence.
3. As outlined in "Article X – Dues and Assessments, Section 2a Dues" of the Bylaws, my annual dues will include any non-Association member licensees affiliated with my firm (you have one month from when an agent hangs his/her license with your office to sign agent up for Orientation, or you will be assessed from whatever date DCCA confirms agents were license with your office).
4. My annual dues are due in advance of the last day of January.

Designated REALTOR®'s Signature _____ Date _____

Section B (Partnerships / LLC and Corporations Only – Not for Sole Proprietorship)

"Resolved that (Broker) _____, License Number _____, shall be appointed by the corporation, who shall be, at all times , a holder of a valid and subsisting real estate broker's license of the State of Hawaii. His or her general duties and powers shall be to directly control, supervise, and manage the real estate phase of the corporation's business at all times. His or her specific duties and powers shall include:

- 1) full knowledge and control of the corporation's accounting practice;
- 2) full knowledge and control over the moneys and other considerations belonging to its clients and in the custody of the corporation;
- 3) full access to all books, records, and documents materially relative to the corporation real estate business; complete authority to accept or deny listings of properties for sale, to process offers of purchase, to close all real estate transactions, and to disburse all funds derived from real estate transactions.

Officer's Name : _____
(Print or type name) (Officer Title)

Officer's Signature: _____ Date _____

Section C (Sole Proprietorship Only)

I hold the following Designations: ABR GRI CRS CRB CCIM CIPS e-PRO
Other Designations: _____

Information supplied in the following questions is not required. However, it will assist the Kona Board in evaluating the overall skills of the new member and, hopefully, placement in important Leadership and Committee positions:

- What REALTOR® Designations are you planning to pursue in the future?
 ABR GRI CRS CRB CCIM CIPS e-PRO
Other Designations: _____

- In what phase of real estate do you specialize? _____

- In what other business have you been engaged? _____
Any Managerial Positions? Yes No Please Explain: _____

- Have you ever served on a State or County Committee, Board or Council? Yes No
Please Explain: _____
Have you ever served on any type of Board or Committee? Yes No
Please Explain: _____

- What Skills do you possess of which you are most proud? Yes No
Please Explain: _____

- Check the following Kona Board Committees on which you would be interested in Serving:

<input type="checkbox"/> Membership /DR's	<input type="checkbox"/> Technology
<input type="checkbox"/> Programs	<input type="checkbox"/> Education
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Grievance/PSAC
<input type="checkbox"/> Caravan/ MLS	<input type="checkbox"/> Sponsorship
<input type="checkbox"/> Government Affairs	<input type="checkbox"/> Board of Directors Position

West Hawaii Association of REALTORS® DUES:

Office Initiation Fee (Check One):

- New Office: \$200
 Reactivating Office: \$100

If Person Opening Office is a (Check One):

- Current Association member, no membership application necessary
 New Association member, complete membership application & pay appropriate dues
 Reactivating Association member, complete membership application & pay appropriate dues

Method of Payment:

MasterCard Visa AMEX Cash Check Payable to WHAR (# _____)

Credit Card #: _____ Exp. _____ CVC Code: _____

Name on Credit Card _____

Signature: _____