



# REALTOR® Application Checklist

## New Sales or Broker Associate or Appraiser

If you are affiliating with an office that is a member of the Greater Providence Board, please include:

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on [www.gpbbr.realtor](http://www.gpbbr.realtor))
- Appraisal or Real Estate license (a copy)
- Letter of Good Standing from your Manager verifying your start date. Or, provide a copy of DBR's transfer of license form.

## Transferring Sales or Broker Associate or Appraiser

If you are associating with an office that is a member of GPBOR and would like to transfer to our Board from another board, please include:

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on [www.gpbbr.realtor](http://www.gpbbr.realtor))
- Appraisal or Real Estate license (a copy)
- Letter of Good Standing from your Manager verifying your start date. Or, provide a copy of DBR's transfer of license form.
- Letter of Good Standing from your previous Board.
- Class certificate on the National Association of REALTORS® Code of Ethics. Completion date must comply with the 8th triennial of 1/1/25—12/31/27 (a copy).

Class certificate on a 2-hour Fair Housing course completed within the 8th triennial of 1/1/25 – 12/31/27 (a copy).



### MEMBERSHIP SERVICES

Visit [www.gpbbr.realtor/realtor-membership](http://www.gpbbr.realtor/realtor-membership) to learn more about membership services.

If you have any questions or require assistance, please do not hesitate to contact us.

## New Real Estate or Appraisal Office

Please include:

- Both pages of the application—completed and signed.
- Dues payment (Prorated dues are available from your Manager or on [www.gpbbr.realtor](http://www.gpbbr.realtor))
- Principal's Appraisal or Real Estate license (a copy)
- List of licensees affiliated with your office and their email address on this form: <https://bit.ly/bdcertform>
- Letter of Good Standing from your previous Board (if applicable)
- Class certificate on the National Association of REALTORS® Code of Ethics. Completion date must comply with the 8th triennial of 1/1/25—12/31/27 (a copy).
- Class certificate on a 2-hour Fair Housing course completed within the 8th triennial of 1/1/25 – 12/31/27 (a copy).

To participate in the Statewide Multiple Listing Service, see [this page](#) of the MLS website and complete the Agreement to Participate contract. Please contact Donna McGinn at [donna@rirealtors.org](mailto:donna@rirealtors.org) to file the contract or if you have any questions on MLS billing or policy.

Applications received in complete order will be processed in approximately 48 business hours. Applicants will be notified BY EMAIL regarding their membership status and will be provided with the schedule of required courses, including the New Member Orientation Class, the New Member REALTOR® Code of Ethics class, and the New Member Fair Housing Orientation. Visit [www.gpbbr.realtor](http://www.gpbbr.realtor) for upcoming events or for more information on valuable member services.

**GPBOR's mission is to cultivate professionalism in our real estate businesses and communities through collaboration, resources, and advocacy.**

**Greater Providence Board of REALTORS® | 1169 Park Avenue, Cranston, RI 02910**

**Phone: (401) 274-8383 | Email: [info@gprealtors.org](mailto:info@gprealtors.org)**



<b>For GPBOR Use Only</b>	
M1:	_____
Office ID:	_____
Start Date:	_____
Payment:	_____
DR Name:	_____

## APPLICATION FOR REALTOR® or PRINCIPAL MEMBERSHIP

I \_\_\_\_\_ hereby apply for:  Designated REALTOR®/Chief Appraiser  Sales Agent membership in the above named Board and enclose the current dues as outlined on my invoice, which is to 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®, including the duty to arbitrate any future disputes with another Member in accordance with the Board's arbitration procedures. I agree to abide by the Constitution, Bylaws, and Rules and Regulations of the above Board, the State Association, and the National Association, and if required I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination of such Code, Bylaws, and Rules and Regulations. I consent that the Association may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in 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. NOTE: Applicant acknowledges that if accepted as a Member and they/them subsequently resigns or is expelled from membership in the Board with an ethics complaint or arbitration request pending, the Board of Directors may condition the right of the resigning Member to reapply for membership upon the applicant's verification that they/them will submit to the pending ethics or arbitration 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®. If a Member resigns without having complied with an award in arbitration, the Board of Directors may condition any reapplication of the former Member upon they/them payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

**I hereby submit the following information for your consideration (Please print clearly.)**

Broker  Sales  Appraiser

Name on License: \_\_\_\_\_ License #: \_\_\_\_\_  
 State of issue: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**FIRM/OFFICE INFORMATION:**

Name of Office: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Office Street Address: \_\_\_\_\_ P.O. Box (if applicable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position with firm:  Independent Contractor  Principal  Partner  Corporate Officer  Trustee  Employee

**PERSONAL/HOME INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Secondary Email: \_\_\_\_\_  
 Your Website: \_\_\_\_\_  
 Preferred Mailing Address:  Home  Office  Other: \_\_\_\_\_  
 Preferred Phone:  Home  Cell  Office

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Do you speak a second language?  Yes  No  If "Yes", what language(s) do you speak \_\_\_\_\_

How did you hear about us?  Your office  Our Staff  Website  Other: \_\_\_\_\_

If you are or have ever been a member of a REALTOR® Association, provide your NRDS/M1 Membership ID # \_\_\_\_\_ and the name of the Association(s) and time period for which membership was held \_\_\_\_\_

Name of your previous office: \_\_\_\_\_ Established in present location since \_\_\_\_\_

Please provide your last date of completion of NAR's Code of Ethics Training: \_\_\_\_\_

If you will be part of a team, please list the team name and team leader here: \_\_\_\_\_

### **ETHICS:**

Do you hold, or have you ever held, a license in any other state?  Yes  No If yes, where? \_\_\_\_\_.

Has your real estate license in this or any other state been suspended or revoked or have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years?  Yes  No

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto as an attachment.

Have you ever been refused membership in any other REALTOR® Association?  Yes  No

If yes, state the basis for each such refusal and detail the circumstances related thereto as an attachment.

Have you ever had membership in any other REALTOR® Association suspended, expelled or terminated?  Yes  No

If yes, state the basis for each such refusal and detail the circumstances related thereto as an attachment.

Have you been found in violation of the Code of Ethics or other membership duties in any REALTOR® Association in the past three (3) years or are there any such complaints pending?  Yes  No If yes, provide details as an attachment.

### **OPTIONAL**

In what phases of real estate do you specialize?  Residential  Commercial  Other

Do you hold a college degree?  Yes  No If yes, Degree \_\_\_\_\_

Are you now employed in any business or profession other than real estate?  Yes  No

If yes, position and location: \_\_\_\_\_

- *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 Association, I shall pay the dues and fees as from time to time established.*
- *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, email address or other means of communication available and are authorized to text me regarding my membership, activities, products and services. 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.*
- *Payments to the Greater Providence Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. Refer to your invoice.*
- *By signing, I agree to the terms and conditions as well as acknowledge that all Membership Dues and Fees are non-refundable.*
- *I will attend the New Member orientation, the 3-hour REALTOR® Code of Ethics class, and the New Member Fair Housing Orientation within 120 days of the Association confirming my membership. Failure to meet this requirement may result in having my membership terminated.*

Applicant's Signature: \_\_\_\_\_

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



# Authorization to Charge

I authorize the Greater Providence Board of REALTORS® to charge my dues with a credit card as indicated below.

**PAYMENT BY CREDIT CARD**

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

Name on credit card: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Credit card:  MasterCard  Visa  Discover  American Express

Is your credit card a:  Personal credit card  Corporate credit card

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

For verification purposes please provide address where you receive the monthly statement on the credit card:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address where we may send the receipt: \_\_\_\_\_

Please provide a contact phone number: \_\_\_\_\_

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

\*Please note: A payment receipt and verification regarding the processing of your membership application will be emailed to you in approximately 48 business hours. Your payment will appear on your statement as "REALTOR® Association/MLS." This is a one-time charge. Your information is secure and will be destroyed following the successful one-time charge. The Board does not retain credit card numbers on file.

Thank you for selecting the Greater Providence Board of REALTORS® as your Board of Choice.

**This form and your membership application may be mailed to GPBOR, 1169 Park Avenue, Cranston, RI, 02910.**

Email is not a secure method of sending credit card details.



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# Authorization to Charge, *Cont'd*

If the credit card appearing on the previous form is not yours, the following written authorization must accompany application:

Amount: \$ \_\_\_\_\_

*I am not the member, but authorize the GPBOR to charge the above amount to my credit card:*

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

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

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

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Last 4 digits of credit card: \_\_\_\_\_

Credit card:  MasterCard     VISA     Discover     American Express

Name of the member you are paying for : \_\_\_\_\_

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