

APPLICATION FOR REALTOR® MEMBERSHIP

North Bay Association of REALTORS®

Effective January 1, 2024

Questions in red must be completed to process the application.

Applicant information must be updated in the DRE prior to processing.

SECONDARY MEMBERSHIP APPLICATION

Secondary membership is only available if you currently hold an active REALTOR® membership with another **REALTOR** association.

I apply for the following category of membership:

Secondary	/ Designated	REALTOR® -	Broker ((Principle,	Partner,	Corporate	Office, o	or Branch	Office N	lanager)

- □ Secondary REALTOR®
- **MEMBER INFORMATION**
- 1. Name (as it appears on your license): _____
- 2. Nickname/Preferred Name: _____
- 3. Name of Brokerage:
- 4. (This is the broker/brokerage name under which you will be doing business and under which DRE has issued your license and/or approved your DBA)

5.	Brokerage Address:								
	(stre	et)	(city)		(state)	(zip code)			
6	Home Address:								
0.	(stre	et)	(city)		(state)	(zip code)			
	Which do you prefer as the n	nailing address: 🛛							
7.	Brokerage Telephone (main)		Brokera	age Telephon	e (direct):				
8.	Mobile Phone Number:	Mobile Phone Number:							
	Which do you prefer as the p					e			
9.	List all other DBAs:								
10	. Email Address:								
11	. Date of Birth (MM / DD / YY)	(Y):/	/						
12	. Website Address:								
Υοι	Ir initial password for the Nort	h Bay Association w	ebsite: Welc	ome (You wil	l be able t	 o change this later)			
		-				<i>,</i>			
Ple	ase select your primary marke				.				
	Mendocino / Lake Rehart Bark / Cotati				-	Petaluma Senome Valley			
	□ Rohnert Park / Cotati □ Windsor	\Box None		□ Sebastop	ונ	🗆 Sonoma Valley			
	475 Aviation Blvd. Suite 220	Р	ane 1			Contact: (707) 542-1579			

Email: info@nba.REALTOR

Please select your secondary chapters (you may select as many as you wish):									
🗆 Mendocino / Lake	🗆 Napa County	North County	🗆 Petaluma						
🗆 Rohnert Park / Cotati	🗆 Santa Rosa	🗆 Sebastopol	🗆 Sonoma Valley						
□ Windsor	□ None								
13. Please list your applicabl REAL ESTATE LICENSE:	13. Please list your applicable license(s) corresponding with this application: REAL ESTATE LICENSE:								
Broker's License, DRE Lic	cense #:	Expiration Date:							
Salesperson's License, DRE License #: Expiration Date:									
14. List all Boards / Associations of REALTORS® to which you <u>CURRENTLY BELONG</u> :									

16. Please contact your current primary association to provide your Letter of Good Standing. Letters can be sent via email to <u>info@nba.realtor</u>.

GENERAL INFORMATION

- 1. **License validity.** I understand that if my license is terminated, lapses or inactivated at any time, my secondary REALTOR® membership is subject to immediate termination.
- 2. **No refund.** I understand that my Association membership dues and fees are non-refundable. In the event I fail to maintain eligibility for membership or for any reason, I understand I will not be entitled to a refund of my dues or fees.

Applicant's initials _____

15. My NRDS #: _____

3. Authorization to release and use information, waiver. I authorize the Association or its representatives to verify any information provided by me in this application by any method including contacting the California Department of Real Estate, my current or past responsible broker or designated REALTOR®, or any Association or MLS where I held, or continue to hold, any type of membership. I further authorize any Association or MLS where I held, continue to hold, any type of membership to release all my membership or disciplinary records to this Association, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of action against the Association, its agents, employees, or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.

4. By signing below, I expressly authorize the Association, including the local, state, and national, or their subsidiaries or representatives to e-mail, telephone, text or send by U.S. mail to me, at the e-mail, telephone and text number and addresses above, for any and all Association (including the local, state and national, or their subsidiaries or representatives) communications, including but not limited to those for political purposes and/or material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Association (including the local, state and national, or their subsidiaries).

SIGNATURES

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

Signature of Applicant

Date of Signature

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EXHIBIT A – MEMBERSHIP DUES AND ASSESSMENT

2024 North Bay Allocation Proration Schedule (select amount from below proration schedule)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
\$	5140	\$128.33	\$116.67	\$105.00	\$93.33	\$81.67	\$70.00	\$58.33	\$46.67	\$35.00	\$23.33	\$11.67

Local Association Allocation

Local Association Application / Initiation Fees

MEMBERSHIP DUES AND ASSESSMENT TOTAL

\$		
\$	\$50	
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