#### Kingman/Golden Valley Association of REALTORS®/WARDEX

Phone: (928) 692-3222 Fax: (928) 692-3224



### AGENT APPLICATION DATA SHEET

ALL INFORMATION IS REQUIRED - PLEASE PRINT LEGIBLY

Name:		Today's Date: _	
AS SHOWN ON REAL ESTATE LICENSE		•	
Date of Birth:	Gende	er: Male	Female
Mailing Address:			
Home Phone:	Cell Ph	hone:	
Main Phone # (to appear on listings):		_	
Email Address:			
RE License Number:	NRDS Numbe	er:	
Do you currently or have you EVER belonged t	to another Association?	Yes	□No
If yes, where?		[	Current Member
Do you wish Kingman/Golden Valley Association be your PRIMARY Association?	ion of REALTORS®	Yes	□No
If Secondary, name of Primary Association:			
Preferred Mailing Address: Home	Office SUPRA e	Key 4 Digit Pin#	
For WARDEX Access			
User Name (up to 8 characters):		rassword.	Temp Password will be given g in, you will be prompted to
FIRM/OFFICE INFORMATION			your password)
Firm/Office Name:			
Office Address:			
Office Phone:	Office	Fax:	
Date Hired by Firm:			

NOTE: ONCE ALL REQUIRED SIGNATURES HAVE BEEN OBTAINED, PLEASE SUBMIT TO KGVAR

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me for slander, libel, or defamation of character.

#### APPLICATION FOR AGENT MEMBERSHIP

ALL INFORMATION IS REQUIRED - PLEASE PRINT LEGIBLY

#### **SECTION I**

Applicants for Primary or Secondary Membership are required to complete all Sections below.

#### To: KINGMAN/GOLDEN VALLEY ASSOCIATION OF REALTORS®

(Applicant's Name – <u>Please Pr</u>	<u>int</u> )
Provide all addresses an	nd phone numbers. Check boxes for primary contacts:
Mailing Address:	
Home Phone:	Cell Phone:
Office Address:	
Office Phone:	
KGVAR), and enclose my che event my application is approve to otherwise, and on my of REALTORS® including the Association of REALTORS® Association of REALTORS® Code, constitution, bylaws, recontinuing commitment to abitime to time amended. Finall information and comment about	R® Primary or Secondary Membership in the Kingman/Golden Valley Association of REALTORS® (hereinafter teck for \$ which I understand will be returned to me in the event I am not accepted for Membership. In the red, I agree as a condition to Membership to complete the New Member Orientation course of the KGVAR I also agree wn initiative, thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Arizona and the Bylaws, and Policy Statements of the KGVAR, the Arizona Association of REALTORS®, and the National D. I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such also and regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and deby the aforementioned Code of Ethics, constitution, bylaws, rules and regulations, and duty to arbitrate, all as from y, I consent and authorize the KGVAR, through its Member Services Committee or otherwise, to invite and receive ut me from any Member or other person, and I agree that any information and comment furnished to the Association by a response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by

**NOTE:** Applicant acknowledges that the Association will maintain a Membership file of information, which will be shared with WARDEX and may be shared with other Boards/Associations where the applicant subsequently seeks Membership. This file shall include: previous applications for Membership; all final findings of Code of Ethics violations of other Membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other Membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the Association or WARDEX.

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

**NOTE:** Dues payments to the Association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

#### **SECTION I (cont.)**

I hereby submit the following information for consideration: Name (AS SHOWN ON REAL ESTATE LICENSE): (Please Print) Nickname: RE License Number: State: License Type: Salesperson Other \_\_\_\_\_ Name of Firm/Office: Firm/Office Address: Other Position with Firm: If other, please explain: E-mail Address: Cell Phone: Fax Number: Website: I agree that, if accepted for Membership in the Association, I will pay the fees and dues as established. Applicant's Signature: Date: **SECTION II** Are you currently a Member of another Board or Association, which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you previously held Membership in another Board or Association (within the past 3 years)? Yes No If "yes", please list each Board and Association where Membership was held, type of Membership held, and approximate dates of Membership. Have you participated in a multiple listing service (MLS), which is owned and operated by a Board or Association affiliated with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years? | Yes l No

## **SECTION II (cont.)**

If "yes", please list the name of each MLS and the approximate dates of participation.			
Do you hold, or have you <u>EVER</u> held, a Real Estate license?			
Has your Real Estate license, in this or any other state, been suspended or revoked?  Yes  No  If "yes," please specify the place(s) and date(s) of such action, and detail, the circumstances relating thereto (attach separate sheet if necessary):			
Are there now, or have there been within the past 3 years, any pending or unresolved complaints, any complaints against you or the firm with which you have been associated 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 the complaint was made, and the current status or resolution of such complaint, (attach separate sheet if necessary):			
Have you ever been convicted of a felony? Yes No  If "yes", please give details including state and court of conviction (attach separate sheet if necessary):			
I hereby certify that the foregoing information furnished is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my Membership, it granted.  Applicant's Signature:  Date:			

### **SECTION III**

Information supplied will assist furnished under Section III is volu					
Date of birth:(mm/dd/y					
Highest level of education comple	eted:				
First entered the Real Estate busin	ess on(Date)	, at(C	ity)	(State)	,
Have you been engaged continuou	ısly in the Real Estate t	ousiness since then	? Yes	No	
If not, during what years were you	in the Real Estate bus	iness?			
How many years have you been a	ctive in the Real Estate	profession?	Salesperson	Broker	Other
In what area(s) of Real Estate do	you specialize? ):				
In what other business(es) have yo	ou been engaged?				
	from	to	, at	Sity State)	
	from	to	, at	Try, State)	
	from	to	, at	ity, State)	
			(C	ity, State)	
First licensed in Arizona on _	(Month, Year)				
List the names of committee(s) Member Services, Affiliates, Com	•		rving (e.g., Govern	mental Affairs, l	Education,
Are you now employed by or eng	aged in any other busin	ess or profession?	Yes	□No	
If "yes", please list:	(Position and Location)				
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## **SECTION III (cont.)** Are you now a Member of, or have you ever been a member of, a Real Estate Board or Association not affiliated with the NATIONAL ASSOCIATION OF REALTORS®? Yes No If "yes", please list the name of each such Board or Association, the type of Membership held, and the dates establishing

\*Adopted by Board of Directors—April 1985

the period during which membership have been held:

<sup>\*</sup>Amended by Board of Directors—February 1991 \*Amended by Board of Directors—November 1993 \*Amended by Board of Directors—May 1999

<sup>\*</sup>Amended by KGVAR—December 2007 \*Amended by KGVAR—September 2016

## **WARDEX New User Activation**



Member Association: BULLHEAD CITY KINGMAN

NON-MEMBER ASSOCIATION \_\_\_\_\_\_

Member Name:			
For REALTORS® Only = NRDS #			
Member Type: REALTOR®			
Firm Name:			
	Preferred Log in		
	_Office Fax:		
	N Broker Signature is Required:		
STAFF use only			
Received Date:	STAFF initials		
	Password:		

Please send back to the association through which you have applied for access.

Rev. 11/21 WARDEX

# Western Arizona REALTOR® Data Exchange (WARDEX)

Service Subscriber Agreement (rev.1-20-2016)

I,,	REALTOR® as an independent agent or employed by the	
Real Estate Firm of	request subscription in the	WESTERN
	referred to as WARDEX or "SERVICE"). NAME CHANGES	
In requesting subscription, I agree to the user fees which WARDEX fee schedule. It is further understood that the fee	are due and payable for individual services rendered, as set s are not refundable.	forth in the
that the information obtained from the SERVICE is conf Participants and Subscribers of the SERVICE. I agree that I and/or licensed individuals, non-participating real estate licenters.	y the SERVICE Bylaws and Rules and Regulation. In addition, idential and proprietary market information, which is available will not provide access to or information from the SERVICE to usees or members of the public at large. I further agree that I was provision is a violation of the WARDEX Rules and Regula	able only to unapproved vill not share
the SERVICE in accordance with the SERVICE Rules	y of WARDEX. As a Subscriber, I agree to utilize all data and Regulations. Subscriber is hereby noticed that all da SERVICE information to unauthorized recipients may be atted to the fullest extent of the law.	ta obtained
As a Subscriber, I attest that I own the intellectual property	rights or have entered into a license agreement for any and a	all photos or
videos I enter into the system. Violation of this provision is a	violation of the WARDEX Rules and Regulations. It is under	erstood that
IDX feeds require separate application and approval (ref	erence WARDEX Internet Data Display Agreement).	
	en notice to the SERVICE and can be terminated by the S ion, I understand that all data from the SERVICE must be in the Federal Copyright.	
DATE:		
Subscriber printed name (type or print clearly):		
Subscriber signature:		
Designated Broker printed name (type or print clearly):		
Designated Broker signature:		
Firm name (type or print clearly):		_
Firm address (type or print clearly):		