



# The Honolulu Board of REALTORS® AFFILIATE APPLICATION



### MEMBERSHIP:

Affiliate members shall be individuals licensed or certified to engage in real estate practice who, if otherwise eligible, do not elect to hold REALTORS® or REALTOR-ASSOCIATE® membership in the Board provided they are engaged exclusively in a specialty of the real estate business other than brokerage or real property, or real estate owners and other individuals or firms who are not eligible for REALTOR®, REALTOR-ASSOCIATE® or Institute Affiliate membership as defined in the HBR Bylaws, yet have interests requiring information concerning real estate and who are in sympathy with the objectives of the Board.

### QUALIFICATIONS:

An applicant for Affiliate Membership shall provide evidence satisfactory to the Board that the applicant: is an individual licensed or certified to engage in real estate practice who, if otherwise eligible, does not elect to hold REALTOR® or REALTOR-ASSOCIATE® membership in the Board provided said applicant is engaged exclusively in the specialty of the real estate business other than brokerage of real property, or a real estate owner or an individual or firm who are not eligible for REALTOR®, REALTOR-ASSOCIATE® or Institute Affiliate membership as defined in the HBR Bylaws, yet has interests requiring information concerning real estate and it is sympathy with the objectives of the Board; and shall agree, if elected to membership, to abide by the Constitution, Bylaws and Rules and Regulations of the Board, the State Association, and the NATIONAL ASSOCIATION OF REALTORS®

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

Please complete the form

Type of Membership:

Primary  Secondary

Ms.  Mrs.  Mr.

Full Name: \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

HiCentral.com Password: \_\_\_\_\_ Min. 8/Max. 20 characters long; at least 1 Number; 1 Lowercase or 1 Uppercase letter and at least 1 Special character like + - # = ( ) ~ ^ etc. The following are NOT allowed: " % ' \ (To conform with our password policy, you are required to use a sufficiently strong password)

Security Question: Your birthplace (city name): \_\_\_\_\_

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

Office Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Type of Business: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Preferred Mailing Address:  Office  Home

Cell Ph: \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Office Ph.: \_\_\_\_\_ Direct Ph.: \_\_\_\_\_

Personal Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_ Preferred Ph:  Cell  Home  Office  Direct

Do you want your Preferred Contact #, listed in the Membership Roster?  Yes  No

Do you hold an active Hawaii Real Estate License or Appraiser License?  Yes  No

If yes, License # \_\_\_\_\_ and type \_\_\_\_\_

Are you associated with a firm engaged in the brokerage of Real Property?  Yes  No

Do you hold membership in the Institute, Society or Council of the National Association of REALTORS®?  Yes  No

Which Organization? \_\_\_\_\_

*If elected to membership, I agree to abide by the Constitution, Bylaws and Rules and Regulation of the Board, the State Association, and the National Association of REALTORS®. I consent that the Board may invite and receive information and comment about me from any Member, other person, board, state association or MLS, and I further agree that any information and comment furnished to the Board by any person is 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. I understand that all fees and dues paid to the Board are non-refundable.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_