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## AFFILIATE KEY APPLICATION

**INSTRUCTIONS**

1. Please download, fill, save, and electronically submit this application to [assistant@slrealtors.com](mailto:assistant@slrealtors.com).
2. You can include payment information above, or we will email payment instructions to you after we receive your application.
3. When payment is confirmed and authorized, we will send a welcome email with important membership information.

*To receive a Supra eKEY, you must complete this application in its entirety. Access to the Supra system is conditioned upon:*

- *The contents of this application*
- *Completion of the Board's Code of Ethics course*
- *Proof of liability insurance*
- *A criminal background check*

**PLEASE SELECT YOUR BUSINESS TYPE**

HOME INSPECTOR

OTHER: \_\_\_\_\_

**SECTION 1 AFFILIATE INFORMATION**

ARE YOU CURRENTLY A MEMBER OF ANOTHER REALTOR® ORGANIZATION?      Yes      No

(IF YES) PRIMARY REALTOR® ASSOCIATION NAME: \_\_\_\_\_

NATIONAL REALTOR® (NRDS) #: \_\_\_\_\_

**SECTION 2 PERSONAL INFORMATION**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ HOME      CELL      WORK      OTHER

EMAIL ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LANGUAGES SPOKEN:    English      Spanish      Mandarin      Other: \_\_\_\_\_

GENDER:      Male      Female      Non-binary      VETERAN:      Yes      No

**SECTION 3 COMPANY INFORMATION**

COMPANY NAME: \_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_ HOME      CELL      WORK      OTHER

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

#### SECTION 4 LEGAL ACTIONS

Check the appropriate box, as each statement applies to you.

YES NO

1. Do you have knowledge of any complaint(s), investigation(s), or disciplinary action(s) currently ongoing or pending against you by a regulatory or licensing body?
2. Have you ever been convicted of or plead "guilty" or "nolo contendere" to a felony, Class A or B misdemeanor, or comparable criminal offense? A traffic violation can be prosecuted as a felony, Class A or B misdemeanor, or comparable criminal offense. Disclosure is required if you have this kind of traffic violation on your record.
3. Have you ever resolved a felony, Class A or B misdemeanor, or comparable criminal offense (including traffic violations prosecuted as such) through a plea in abeyance, diversion agreement, withheld judgment, or other method whereby a charge was held in suspense during a period of time in which you were on probation or were obligated to comply with conditions outlined by a court?
4. Are you aware of any investigation(s), indictment(s), or criminal charge(s) which are currently pending against you for any crime in any jurisdiction?
5. Have you ever been subject to court martial or dishonorable discharge from any branch of the armed services?
6. Have you ever been required to register as a sex offender?
7. Have you ever had a judgment entered against you in a civil or bankruptcy court on the basis of fraud, misrepresentation, or deceit?
8. Have you ever been found in contempt of court?

*If you have answered "YES" to any of the questions above, you must provide a written explanation on a separate page and attach it to this application.*

#### SECTION 5 CITIZENSHIP

I certify under penalty of perjury that (check the appropriate box and enter the requested data):

I am a citizen of the United States with a social security number SS #: \_\_\_\_\_

I am a qualified alien under 8 U.S.C. 1641 and can provide an: I-94 #: \_\_\_\_\_

*\*Attach a copy (front & back) of I-94 OR Alien # Card to this application* Alien #: \_\_\_\_\_

#### SECTION 6 IDENTIFICATION

I certify under penalty that I am legally present in the United States and that (check the appropriate box and enter the requested data):

I have a valid Driver License License #: \_\_\_\_\_

State of Issue: \_\_\_\_\_

I have a valid State Identification Card Card #: \_\_\_\_\_

State of Issue: \_\_\_\_\_

#### SECTION 7 PROOF OF INSURANCE

By signing this document, I certify that I have a general liability insurance policy with a minimum of \$1,000,000 of coverage and workmen's compensation insurance, in accordance with Utah law.

I have attached proof of my insurance policy to this application.

I agree to send the Board proof of insurance renewal and/or changes upon current policy expiration.

**MEMBERSHIP AGREEMENT**

If my application is approved, I, the undersigned, agree to the following (please initial each box):

I hereby certify that I have read and understood this document, and that the information I have provided is true and accurate.

I certify that I am at least 18 years of age and have a minimum of a high school diploma or its equivalent.

I agree to notify the Board within ten (10) days in the possible future event that I am convicted of, or plead “guilty” or “nolo contendere” to a felony, Class A or B misdemeanor, or comparable criminal offense (including traffic violations prosecuted as such).

I understand that the primary form of communication for the Salt Lake Board of Realtors® is email. I agree to check my email often so that I don’t miss important Board communications, and will promptly notify the Board of any changes to my email address or other contact information.

I agree to become familiar with the Code of Ethics, as well as the bylaws of the Salt Lake Board of Realtors®, which can be found on the Board website. I will also familiarize myself with the rules and regulations of the Utah Association of Realtors®. The annual renewal of my membership shall indicate my continued commitment to abide by the aforementioned standards as they are amended from time to time.

I further consent that the Board may request information and comment about me from any Board member or other persons. I accept that any response (from any person) furnished to the Board in such an event shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel, or defamation of character.

I understand and agree that I will act in accordance to the Key Agreement I will sign upon receiving a Supra eKEY; namely that I will only use said key to gain access to properties for which I have been contracted to provide services and have permission to enter. I agree to confirm appointments before entering any property.

I agree to pay my annual renewal dues each June, in the amount specified to me by the Board. I understand that dues are subject to review and possible change annually. I recognize that dues are non-refundable, and that once paid, they become the property of the Board. If I do not renew, or my membership is terminated, I will immediately cease to represent myself as being affiliated with a Realtor® association.

I acknowledge that at least one member of my company must maintain an active Affiliate membership in order for me to avoid paying a \$200 re-entry fee, should I discontinue my membership and rejoin at a later date. If there are no active Affiliate members in my company when I rejoin, I agree to pay the re-entry fee.

I consent that the Salt Lake, Utah, and National Association of Realtors® and their subsidiaries, may contact me using the information provided on this form, or by other available means of communication. This consent extends to possible future changes in contact information. I waive any limits placed on communication by certain state/federal laws in order to receive all membership communications.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REQUIRED BACKGROUND CHECK**

**STEPS TO COMPLETE ONLINE BACKGROUND CHECK**

1. Upon submission of this form, you will receive a welcome email from a Membership Department staff member. The email will contain a link to Spectrum Security Group’s online background check.
2. Pay \$15 to Spectrum Security Group and complete the online background check.

In connection with my application for access to the Supra key and lockbox system, I hereby agree to obtain and furnish for review the results of the aforementioned background check. I understand that this report will provide details of the criminal background check, in order to ascertain any and all information which may be relevant and pertinent to being approved for access to the Supra system. If the report shows that I have failed to accurately disclose my criminal history or that I have a criminal record, I understand that access to the Supra system may be withheld or revoked, in accordance with Board policies.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_