



2020 WeSERV Elite Certified Professional Membership Application

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| Last Name | First Name | NRDS MLS ID |
| Email | Phone | Company |

1. VERIFICATION OF REQUIREMENTS (check all that apply | gold: completed GRI designation plus 2 NAR designations)

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| <table style="width: 100%;"> <tr><td><input type="checkbox"/> ABR</td><td>DATE EARNED</td><td>_____</td></tr> <tr><td><input type="checkbox"/> ALC</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> CCIM</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> CIPS</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> CPM</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> CRB</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> CRS</td><td></td><td>_____</td></tr> </table> | <input type="checkbox"/> ABR | DATE EARNED | _____ | <input type="checkbox"/> ALC | | _____ | <input type="checkbox"/> CCIM | | _____ | <input type="checkbox"/> CIPS | | _____ | <input type="checkbox"/> CPM | | _____ | <input type="checkbox"/> CRB | | _____ | <input type="checkbox"/> CRS | | _____ | <table style="width: 100%;"> <tr><td><input type="checkbox"/> CRE</td><td>DATE EARNED</td><td>_____</td></tr> <tr><td><input type="checkbox"/> GAA</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> GREEN</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> GRI</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> PMN</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> RCE</td><td></td><td>_____</td></tr> </table> | <input type="checkbox"/> CRE | DATE EARNED | _____ | <input type="checkbox"/> GAA | | _____ | <input type="checkbox"/> GREEN | | _____ | <input type="checkbox"/> GRI | | _____ | <input type="checkbox"/> PMN | | _____ | <input type="checkbox"/> RCE | | _____ | <table style="width: 100%;"> <tr><td><input type="checkbox"/> RAA</td><td>DATE EARNED</td><td>_____</td></tr> <tr><td><input type="checkbox"/> SIOR</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> SRS</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> SRES</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> AHWD</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> PSA</td><td></td><td>_____</td></tr> </table> | <input type="checkbox"/> RAA | DATE EARNED | _____ | <input type="checkbox"/> SIOR | | _____ | <input type="checkbox"/> SRS | | _____ | <input type="checkbox"/> SRES | | _____ | <input type="checkbox"/> AHWD | | _____ | <input type="checkbox"/> PSA | | _____ | <table style="width: 100%;"> <tr><td><input type="checkbox"/> CRETS</td><td>DATE EARNED</td><td>_____</td></tr> <tr><td><input type="checkbox"/> e-PRO</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> MRP</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> RSPS</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> SFR</td><td></td><td>_____</td></tr> <tr><td><input type="checkbox"/> rCRMS</td><td></td><td>_____</td></tr> </table> | <input type="checkbox"/> CRETS | DATE EARNED | _____ | <input type="checkbox"/> e-PRO | | _____ | <input type="checkbox"/> MRP | | _____ | <input type="checkbox"/> RSPS | | _____ | <input type="checkbox"/> SFR | | _____ | <input type="checkbox"/> rCRMS | | _____ |
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2. DESIGNEE OF/OR IN PROCESS OF EARNING

_____ date earned _____

3. ADRE CONTINUING EDUCATION CREDITS (silver: 18 CE credits within previous 12 months | gold: 30 CE credit hours within previous 12 months—attach ADRE education record)

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4. CODE OF ETHICS (WeSERV New Member Orientation & The New Ethics OR other NAR Code of Ethics Class)

_____ date taken _____

5. GENERAL BUSINESS CLASS (i.e. business planning, tax, budget/finance, salesmanship)

_____ date taken _____

6. ARMLS® CLASSES (flexmls® Web, Monsoon—waived for licensees with consecutive 3+ years of active license status)

_____ date taken _____

7. TRANSACTIONS COMPLETED (silver: 5 transactions in real estate career | gold: 25 transactions completed in real estate career—include ARMLS® record)

| | | |
|------|------|------|
| Info | Date | Info |
| Info | Date | Info |
| Info | Date | Info |
| Info | Date | Info |
| Info | Date | Info |



8. ASSOCIATION INVOLVEMENT

| | | |
|-----------------|------|--------------|
| Event/Committee | Date | Number Hours |
| Event/Committee | Date | Number Hours |
| Event/Committee | Date | Number Hours |

9. COMMUNITY SERVICE

| | | |
|-----------------|------|--------------|
| Event/Committee | Date | Number Hours |
| Event/Committee | Date | Number Hours |
| Event/Committee | Date | Number Hours |

I certify that the information I provided within this application is accurate and true.

APPLICANT

APPLICATION VERIFIED BY

Applicant Signature

Date

Broker Signature

Date

THANK YOU
for applying for the
WeSERV ELITE CERTIFIED PROFESSIONAL DESIGNATION

Submit form by email to Jennifer Vargas, jvargas@weserv.realtor

Your application will be reviewed and verified. Upon approval, you'll receive a certificate and a WeSERV Elite pin.

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