# Demographic Information

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| --- | --- |
| **Name of Applicant:** |  |
| **Membership Type** | Regular (Practising)  Candidate  Temporary |
| **Birthdate** | Month: Day: Year: |
| **Gender** |  |
| **What sex were you assigned at birth:** | Male  Female |
| **How do you currently describe yourself:** | Male  Female  Transgender  Nonbinary  Gender nonconforming  none of these |

# Contact Information

|  |  |
| --- | --- |
| **Civic Address** |  |
| **Street:** |  |
| **City:** |  |
| **Province/State:** | **Postal Code:** |
| **Telephone:** |  |
| **Email:** |  |
| **Mailing Address** (if different from Civic Address) | Same as Civic Address |
| **Street:** |  |
| **City:** |  |
| **Province/State:** | **Postal Code:** |
| **Telephone:** |  |
| **Email:** |  |
| **Employer** |  |
| **Name of Employer:** |  |
| **Street:** |  |
| **City:** |  |
| **Province/State:** | **Postal Code:** |
| **Telephone:** |  |
| **Email:** |  |
| **Preferred Mailing Address** | Civic Address  Business Address |
| **Preferred Language of Communication** | English  French |

# Employment History

List the names and addresses of your employers for the last five years

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| --- | --- | --- | --- |
| **From (Month/Year)** | **To (Month/Year)** | **Name/Address of Employer** | **Position** |
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DESIGNATION(S)

Under the New Brunswick Association of Real Estate Appraisers Act (hereafter referred to as the “Act”), the Association may grant membership to persons who hold the MVA, AACI, or CRA designations. Do you hold any of these designations?

MVA  Yes  No If yes, CREA Member # \_\_\_\_\_\_\_\_\_\_\_\_

AACI  Yes  No If yes, CREA Member # \_\_\_\_\_\_\_\_\_\_\_\_

CRA  Yes  No If yes, CREA Member # \_\_\_\_\_\_\_\_\_\_\_\_

Under the Act, the Association’s Committee of Examiners may approve other designations, provided the Committee of Examiners is satisfied that the person holding the designation has passed examinations that qualify the applicant to engage in the practice of real estate appraisal. Do you hold another designation?

DAR  Yes  No If yes, CNAREA Member # \_\_\_\_\_\_\_\_\_\_\_\_

DAC  Yes  No If yes, CNAREA Member # \_\_\_\_\_\_\_\_\_\_\_\_

EE  Yes  No If yes, OEAQ Member # \_\_\_\_\_\_\_\_\_\_\_\_

FRICS  Yes  No If yes, RICS Member # \_\_\_\_\_\_\_\_\_\_\_\_

MAI  Yes  No If yes, AI Member # \_\_\_\_\_\_\_\_\_\_\_\_

Other Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, note the designation held, association name, and your member number

# Education

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | Province/State | Name of Program/Degree | Year Graduated |
|  |  |  |  |
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Under the Act, the Association may grant membership to persons who do not hold a designation, but who the Committee of Examiners determine to be qualified to engage in the practice of real estate appraisal. If you fall into this category, please list below the real estate appraisal courses you have successfully completed, and arrange for official transcripts to be forwarded directly to the Registrar (403 Regent St, Suite 204, Fredericton, NB, E3B 3X6).

Attach additional sheet if more space is required.

|  |  |  |
| --- | --- | --- |
| Course Name | University | Date Complete |
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# Professional Liability Insurance

The Association requires all members who engage in the practice of real estate appraisal to carry and maintain professional liability insurance n an amount of not less than two million dollars. Please provide the following details:

|  |  |
| --- | --- |
| **Named Insured:** |  |
| **Insurer:** |  |
| **Policy Period:** |  |
| **Limits of Liability** |  |
| **Deductible** |  |

Please attach a copy of proof of professional liability insurance

# Good Character

The purpose of the following questions is to provide the Registrar or the Committee of Examiners with information about whether an applicant will practise competently and ethically. You must answer all questions. If you answer ‘Yes’ to any of the questions below, please attach a separate page with details. You may be asked to provide additional documentation.

|  |  |
| --- | --- |
| Have you ever been convicted of a crime involving fraud, dishonesty, false statements in any province, state, or country? | Yes  No |
| Have you ever been convicted of any other crime, in any province, state or country, that might reasonably be relevant to your suitability to practice as a real estate appraiser? | Yes  No |
| Are you aware of any outstanding charges against you for any offence in any province, state, or country? | Yes  No |
| Have you ever been found guilty of professional misconduct, incompetence, or incapacity with respect to the practice of any profession, in any province, state, or country? | Yes  No |
| Have you ever been suspended, disqualified, censured, or had disciplinary action instituted against you as a member of any profession or organization. | Yes  No |
| If yes, please provide details: |  |
| Have you ever been refused for registration with a body that regulates a profession, in Canada or in another country? | Yes  No |
| Is there any other circumstance that bay be considered relevant to your suitability to practice as a real estate appraiser? | Yes  No |

# Certification and Signature

I certify the above to be true, and I acknowledge and understand that:

I agree that it is my responsibility to provide all necessary documentation for any memberships (e.g., copies of transcripts, proof of memberships, etc.)

If an applicant is found to have made a false or misleading statement, or an omission or misrepresentation on their application, any certificate of registration issued to them will be deemed invalid.

I may not practice real estate appraisal in the province of New Brunswick or hold myself out as qualified to practice real estate appraisal in New Brunswick until the Registrar has confirmed that I am registered as a member of the New Brunswick Association of Real Estate Appraisal.

I have read and understand the Association’s Act, Bylaws, and Rules and agree to abide by them as they may be amended from time to time.

I understand that any certification, emblem, or other evidence of membership in the Association which may be issued to me, shall at all times remain the property of the Association and shall be held by me in trust. I further agree that if and when my membership in the Association is terminated or suspended, I will immediately return to the Association, upon demand, any such certificate, emblem, or evidence of membership

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |