



# Application for Registration Student Members

## Demographic Information

<b>Name of Applicant:</b>			
<b>Birthdate</b>	Month:	Day:	Year:
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

## Contact Information

<b>Civic Address</b>	
<b>Street:</b>	_____
<b>City:</b>	_____
<b>Province/State:</b>	<b>Postal Code:</b>
<b>Telephone:</b>	_____
<b>Email:</b>	_____
<b>Mailing Address</b> (if different from Civic Address) <input type="checkbox"/> Same as Civic Address	
<b>Street:</b>	_____
<b>City:</b>	_____
<b>Province/State:</b>	<b>Postal Code:</b>
<b>Telephone:</b>	_____
<b>Email:</b>	_____
<b>Employer Information</b> (If applicable)	
<b>Name of Employer:</b>	_____
<b>Street:</b>	_____
<b>City:</b>	_____
<b>Province/State:</b>	<b>Postal Code:</b>
<b>Telephone:</b>	_____
<b>Email:</b>	_____
<b>Preferred Mailing Address</b> <input type="checkbox"/> Civic Address <input type="checkbox"/> Business Address	
<b>Preferred Language of Communication</b> <input type="checkbox"/> English <input type="checkbox"/> French	



# Application for Registration Student Members

## Education

List all secondary and post-secondary education

Name of School	Province/State	Name of Program/Degree	Year Graduated

## Good Character

Under the Act, an applicant must satisfy the Committee of Examiners that the applicant is a person of 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. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any outstanding charges against you for any offence in any province, state, or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been suspended, disqualified, censured, or had disciplinary action instituted against you as a member of any profession or organization.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any other circumstance that may be considered relevant to your suitability to practice as a real estate appraiser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# Application for Registration

## Student Members

### Certification and Signature

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

- 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.
- Student Members of NBAREA are not authorized to engage in the practice of real estate appraisal in the province of New Brunswick. I must become registered as a Candidate member of NBAREA before I can engage in any supervised practice required for my training.
- 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 agree that it is my responsibility to provide all necessary documentation for any memberships (e.g., copies of transcripts, proof of memberships, etc.)
- 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:** \_\_\_\_\_