



Application for Registration

Regular, Candidate, and Temporary Members

Demographic Information

Name of Applicant:	
Membership Type	<input checked="" type="checkbox"/> Regular (Practising) <input type="checkbox"/> Candidate <input type="checkbox"/> Temporary
Birthdate	Month: _____ Day: _____ Year: _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Contact Information

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



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Employment History

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

From (Month/Year)	To (Month/Year)	Name/Address of Employer	Position

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



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Education

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

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

Professional Liability Insurance

The Association requires all members who engage in the practice of real estate appraisal to carry and maintain professional liability insurance in 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



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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?	<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



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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: _____