

Associate Membership status recognises educational achievement and commitment to the Real Estate Industry and requires Board approval.

CRITERIA FOR APPLICATION

For this application to be considered, applicants must:

1. Hold, or be entitled to hold, an Agent’s licence under the Real Estate Agents Act 2008. If your Agent’s licence is voluntarily suspended, you may still apply to become an Associate Member. If you have been an Associate member previously, but have let your license lapse, you must obtain an Agent’s License under the 2008 Act before you can re-apply for Associate membership.

2. Applicants must have been a REINZ member for the past four years* as at the date of application and have demonstrated proven active support for the Institute and its activities.

*Non-consecutive periods of 4 years or more will be considered at the Board’s discretion.

3. Be a current member or affiliate member of REINZ (or have applied for and been granted the “Retired” designation). It is a requirement that to continue using the AREINZ status you must remain a member of REINZ.

DETAILS

Title: Mr Mrs Miss Ms Dr Other

Last Name: First Name:

REINZ ID: Date of Birth:

For cross-referencing with REA records

Postal Address:

Home Address:

Business Phone: Home Phone:

Mobile Phone:..... Personal Email Address:

Number of years in Real Estate: Gender:

DO YOU HOLD ANY OTHER PROFESSIONAL MEMBERSHIPS?

NZIV PLEINZ BOMA

Other (Please specify)

REA Disciplinary History

Please use a separate sheet to detail any decisions of unsatisfactory or disgraceful conduct, and explain why you feel AREINZ status should be granted in spite of such decisions. Relevant factors would include the size of the penalty imposed and any remedial training you may have completed since the decision. Your referees should also address that issue.

HOW OFTEN ARE YOU INVOLVED IN THE FOLLOWING?

Tick the column that indicates the appropriate frequency	Frequently	Occasionally	Never/NA
Residential Sales			
Residential Property Management			
Commercial Property Management			
Rural Real Estate Agency / Sales			
Commercial / Industrial Sales / Leasing			
Business Sales / Leasing			
Hotel / Motel Sales / Leasing			
Valuation			
Auctioneering			
Administration			
Others: (specify and indicate frequency)			

REAL ESTATE EXPERIENCE

Enter the name of the real estate licensees for whom you have worked, period engaged and what position you held during the past five years. Please go back further if necessary, to provide at least two contacts:

LICENSEE NAME:
From: To: Position:
LICENSEE NAME:
From: To: Position:
LICENSEE NAME:
From: To: Position:

QUALIFICATIONS

Please attach your record of learning.

Degree / Qualification for which cross credits have been awarded:

REFEREES

This application is to be supported by at least three referees who must include your current employer and two previous employers that are active AREINZ or FREINZ members, none of whom may be relatives and all of whom must have known you for at least 12 months. If you have not had previous roles in the industry, these may be replaced with alternate AREINZ/FREINZ referees neither of whom may be relatives and both of who must have known the applicant for at least 12 months.

A copy of the Referee Form should be given to each referee. These should not accompany your application form, but rather be sent directly to REINZ by the referee. Please advise below the names of your three referees, and their REINZ numbers:

- 1.
- 2.
- 3.

All membership applications are at the discretion of the REINZ Board. Continued membership in and observance of the Rules of REINZ is an ongoing condition of Associate status and you agree to this by applying for Associate status.

PRIVACY ACT 2020 – AUTHORITY TO USE AND HOLD INFORMATION

I agree that the Institute may contact the referees I have nominated and that the information in this application form may be discussed with the referees and with members and employees of REINZ to the extent that it is necessary for the proper appraisal of this application. I understand that personal information concerning my name, address and other contact details, and my status, qualifications and employment within the real estate sales industry will be held by the Institute and may be used in relation to my continuing membership. I agree that this information may be disclosed to other REINZ approved parties for the purpose of offering services to me. I am entitled to have access to the information and to have it corrected if necessary. I will notify the Institute of any changes.

I agree that continued membership in and observance of the Rules of REINZ is an ongoing condition of Associate status, if granted by the Board.

DECLARATION

If accepted as an Associate member I hereby undertake to abide by the Rules of the Real Estate Institute Of New Zealand Inc.

You agree to advise REINZ if you become aware of any information which may affect your membership of REINZ, including any unsatisfactory conduct or misconduct decisions handed down against you.

Signed:

.....

Date:

FEES

A non-refundable fee of \$100 + GST is payable per application and must be received upon application. On approval of the application, annual fees will be levied by separate invoice. Applicants applying to be reinstated must pay any outstanding fees from any previous Associate membership in full as well as the application fee. Please contact the REINZ Accounts Department for these details.

PAYMENT TYPE

Internet Banking

Account name: The Real Estate Institute of New Zealand Inc.

Account number: 02 0238 0078625 00.

Required reference fields

Reference: Company Name

Particulars: MEMFEE

A tax invoice will be forwarded. Payment dates are advised on the invoices.

Credit Card

Credit card payments are only accepted in person or by phone.

In Person: Level 3, 155 Khyber Pass Road, Grafton, Auckland (Mon – Fri, Hours 8.30am – 5pm)

Phone: Please call 09 356 1755 after sending your application or tick here to request a call

Contact Name:

Contact Number:

PLEASE RETURN TO:

Email: membership@reinz.co.nz

Fax: 09 379 8471

Postal Address:

The Real Estate Institute of New Zealand

PO Box 5663, Victoria Street West, Auckland 1142

CHECKLIST

Please ensure all sections of this form are completed including:

Privacy Act 1993 Authority signed and dated	
Record of learning attached	
Referee Forms provided to three active AREINZ or FREINZ in support (names to be advised on this form)	
Declaration signed and dated	
Application fee attached or payment methods provided	

PROCESSING

Upon receipt of this application:

1. All data will be verified by REINZ including educational qualifications and references.
2. A copy of the application form will be forwarded to the appropriate Regional Director.
3. Notice of the application will be given to REINZ members.
4. Application presented to the REINZ Board for consideration at next available Board meeting.
5. Applicant advised in writing of outcome. An Associate certificate provided if successful.

REINZ OFFICE ONLY

- All sections complete and the membership database updated accordingly.
- REAA Disciplinary History

District:

Date:

It is recommended that the application be approved/declined for the following reasons		Check
	Experience	
	Qualifications	
	Referees	
	Region Code	
	Other	

Signed by:

Authorised by:

APPLICATION FOR ASSOCIATE STATUS (AREINZ)

REFEREE FORM

A copy of this referee form is to be completed by at least three active AREINZ or FREINZ, none of whom may be relatives of the applicant and all of whom must have known the applicant for at least 12 months. The referee must submit this form him or herself directly and in confidence to The Real Estate Institute of New Zealand, PO Box 5663, Wellesley Street, Auckland 1141 or info@reinz.co.nz.

APPLICANT'S DETAILS

Applicant Name:

Applicant's REINZ ID:

Company / Employer Name:

YOUR DETAILS

Name:

Company / Employer Name:

REINZ ID: Phone Number:

Email Address:

How do you know the applicant?

Is the applicant related to you in any way? Yes No

CITATION

In your own words, please explain how you feel the applicant has demonstrated his or her commitment to the ideals and objectives of REINZ. Please note your previous or current professional association with the applicant, your understanding of the applicant's involvement in REINZ activities and support of the ideals of REINZ, your view of their integrity and standing, and any other comments you feel are relevant to this application. Please continue on separate page if you need further space. In the event that the applicant has been the subject of significant unfavourable disciplinary decisions, please elaborate on what implications you consider there are for the application.

I confirm that the above is true and correct to the best of my knowledge and belief.

Signature: Date: