



RENO BOARD OF REALTORS, INC.
Membership Application

TYPE OF MEMBERSHIP	
<input type="checkbox"/>	Active
<input type="checkbox"/>	Affiliate
<input type="checkbox"/>	Non-Resident

PERSONAL

Name <i>Clay Alder</i>	Spouse	Date 19
Office Address <i>3100 Mill - Suite 117 - Reno Nevada</i>	Phone: <i>786-7171</i>	
Residence Address <i>110 Lenwood Sparks Nev.</i>	Phone: <i>359-8946</i>	
Marital Status: (PLEASE CHECK ONE): Single <input checked="" type="checkbox"/> Married	No. Children	No. Years in Nevada: <i>4</i>
BIRTHPLACE City <i>EVANSTON</i> State <i>ILL</i>		Birth Date <i>9-19 1951</i>

PROFESSIONAL

Employer: <i>Prospector Realty</i>	No. Years Employed <i>NEW</i>		
License Number: <i>4588</i>	Broker:	Broker-Salesman:	Salesman: <input checked="" type="checkbox"/>
(PLEASE CHECK ONE)			
Title or Position with Firm	Social Security No. <i>335-46-8624</i>		
I have been licensed in Nevada continuously since <i>Dec 8</i> 19 <i>76</i> To Present			

EMPLOYMENT HISTORY
(PRESENT EMPLOYMENT FIRST) - If necessary, attach supplement.

Employer & Address	Position	Immediate Supervisor	Phone:	Length of Employment
(1) <i>Dopet Restaurant</i> <i>3127 S. Virginia</i>	<i>Bartender</i>	<i>Jack McClung</i>	<i>825-8244</i>	From: <i>Jan 76</i> To: <i>still working</i>
(2) <i>Reef Hotel</i> <i>4th St. Reno</i>	<i>Bartender</i>	<i>Bill Swift</i>		From: <i>Sept 74</i> To: <i>Dec 75</i>

REFERENCES

List four references, preferably local REALTORS. If out-of-town references, provide addresses. Members of your firm or the Membership Committee are not acceptable.

Name & Address	Phone:	Name & Address	Phone:
(1) <i>Patti Hoganson</i> <i>221 S. Virginia</i>	<i>329-9718</i>	(3) <i>Butch Lynn</i> <i>3560 Nail Rd.</i>	<i>825-2265</i>
(2) <i>Ken Thompson</i> <i>1224 Howard</i>	<i>359-0058</i>	(4) <i>Mike Flanagan</i>	<i>322-1621</i>

EDUCATION

Grade School	City and State		
High School <i>New Trier East - Winnetka Ill</i>	From <i>1965</i> To <i>1969</i>	Degree <i>YES</i>	Subject
College <i>UNR</i>	From <i>1974</i> To <i>1975</i>	Degree <i>NO</i>	Subject

If you are now, or previously were, a member of another Real Estate Board, give names(s) and address

NO

Have you ever been refused membership in any Real Estate Board _____

If so, explain _____

I devote full time to Real Estate _____ yes _____ no. If no, explain _____

I am enclosing my check in the amount of \$ 335.00. I understand that, if I fail to pay my yearly dues and assessments on or before February 1 of each year, my membership in the Board may be suspended without previous notice. If payment is not made by March 1, my membership in the Board may be terminated.

I, Clay D. Alder hereby apply for (PLEASE CHECK ONE) Active Affiliate Non-Resident membership in the Reno Board of REALTORS. In the event of my election, I agree to abide by its Constitution, By-Laws and Rules and Regulations, and the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS, copies of which I hereby acknowledge receipt. I irrevocably waive all claims against the Board or any of its officers, directors or members, for any act in connection with the business of the Board, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of membership in the Board, the State Association and the NATIONAL ASSOCIATION OF REALTORS. Active membership includes State Association and NATIONAL ASSOCIATION Membership.

I hereby acknowledge that I am aware of the following By-Law: "No active member of the Reno Board of REALTORS shall be engaged as a broker of record for any individual, firm, partnership or corporation that employs individuals to sell real estate other than those duly licensed under the laws of the State of Nevada." (NRS Chapter 645)

Clay D. Alder 12-16-76
APPLICANT'S SIGNATURE DATE

PLEASE COMPLETE THE ABOVE FORM IN DETAIL OR IT WILL BE RETURNED

I, as employing Broker, recommend the acceptance of Clay D. Alder and hereby affirm that the applicant is a Real Estate Salesman in this firm and will assume the responsibility of completion of applicant's indoctrination courses within the prescribed period of time.

DATE Dec. 16, 1976

X Kerry Hall
EMPLOYING BROKER

FOR OFFICE USE ONLY

Recommended by Membership Committee:

CHAIRMAN _____

PRESIDENT _____

Date Received _____

Check Received _____

TREASURER _____

System Actions Quick Access Member Help

Member Query Form

Last Name	First Name	MI	Member #	MLS ID	NRDS ID	Office Name	Office #
Albright	Sherry	K	9908 9908	63000542		Inactive Members	9000
Albright	William		7279 7279	63000542		Inactive Members	9000
Alicia							2277
Alicar							644
Alican							9000
Aldan							52720029
Alder							654
Alder							542
Alderson							1800
Aldrich							1517
Aldrich							9000
Aldrich							9000
Alegre, M.D.							9000
Alejandroz							9000

Committee History Form

Member: **Clay Alder**

Association	From	To	Committee ID	Description	Position	Status
RSAR	01/01/96	12/31/96	PSF	Political Survival	MB	A

Associations Notes Documents Additional Phases Additional Licenses Designations Alert

File Name	Type	Description	Date	Status
\\lamagic\rsd\1\years\Documents\WESA-Alder Clay\App.pdf	active		02/29/17	A

View Document

https://secure.realtor.org/emeritus/ndf55.html?view=OpenForm&NRDSID=63000542

HOME Sign Out My

Name of Board service was held at:

Date range of committee service: *must equal one year*

Start Date: End Date:

I certify (name of board staff filling out this application) NRDS ID

To the best of my knowledge I believe the member applying for Realtor Emeritus status has indeed served service position to qualify for this achievement.

*Service is defined as serving as an officer, director, committee member, federal political coordinator, Pa country with which NAR holds a reciprocal agreement.

Supporting Documents

You have an option to attach documents to this certification to provide reasonable substantiation of membe meetings, newspaper articles, Board or Association bulletins). ONE or TWO documents is sufficient. Scann

Additional Information / Comments:

If you prefer to mail, fax or email supporting documentation, please send it to:

NAR Information Central
 ATTN: Mary Glick
 430 N Michigan Ave.