

Application for GRI Designation

SEND COMPLETED FORM TO: Iowa Association of REALTORS®
1370 NW 114th Street, Suite 100
Clive, IA 50325

Phone: 800-532-1515
Fax: 800-874-2002
E-Mail: education@iowarealtors.com
Website: www.iowarealtors.com

Name: _____
Date of Birth _____
NRDS ID# _____ Real Estate License # _____
Real Estate Board Affiliation _____
Home Address _____
City/State/Zip _____
Office Name _____
Office Address _____
City/State/Zip _____
Office Phone _____ Fax _____
Home Phone _____ REALTOR® since _____
E-mail Address _____
Preferred Mailing Address: Office Home

Agreement Of Applicant obtaining the Graduate REALTOR® Institute Designation

In making this application, I understand and agree to the following:

1. I represent and certify that, to the best of my knowledge and belief, all the information contained in this application is true and accurate as of the date of this application.
2. I understand that I cannot use the GRI Designation until it has been awarded to me upon completion of the Designation requirements and I have been notified in writing.

Signature _____ Date _____

Application Fee

- Enclosed is my required \$20 nonrefundable Application Fee
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Payment

- Enclosed is my check payable to the Iowa Association of REALTORS®
 Please bill my credit card: American Express MasterCard Visa Discover

Name on Card: _____
Card Number: _____ Exp. Date _____



Office Use only
GRI added to Education _____
Member added to GRI List _____
GRI uploaded to NRDS _____