



APPLICATION FOR BUSINESS AFFILIATE MEMBERSHIP

Company Name: _____

Affiliate Representative: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Fax: _____

E-mail: _____

Website: _____

Facebook page: _____ Twitter: _____

Level Membership Requested: _____ Silver \$125 _____ Gold \$300 _____ Platinum \$650/\$500

Who Referred You to the Affiliate program? _____

Business Reference/name/phone 1. _____

2. _____

3. _____

Copy of General Liability Insurance and Business License/Certification attached? _____

Requesting Sentrilock access? (per categories allowed) _____

Signed _____ Date _____

Amount Enclosed \$ _____ or Please invoice \$ _____

We reserve the right to deny any membership application at Board of Director's discretion

FOR OFFICE USE ONLY

DATE RECEIVED: _____ COMPANY ID: _____

AMOUNT RECEIVED: \$ _____ INDIVIDUAL ID: _____ NERDS # _____

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