



APPLICATION FOR REALTOR® MEMBERSHIP

ROBERTSON COUNTY ASSOCIATION OF REALTORS®

P.O. Box 426 -Springfield, TN 37172 Office: (615) 384-0816 Fax: (615) 384-0117

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I hereby apply for MEMBERSHIP as REALTOR® or REALTOR ASSOCIATE in the above named association & enclose my check in the amount of \$ _____ which I understand will be returned in the event I am not accepted to membership.

In the event I am approved, I agree to complete the Orientation Course of the Robertson County Association of REALTORS and thoroughly familiarize myself with the CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF REALTORS, including the Duty to Arbitrate Business disputes in accordance with the CODE OF ETHICS & THE ARBITRATION MANUAL OF THE ASSOCIATION and the CONSTITUTIONS, BYLAWS, and THE RULES AND REGULATIONS OF THE ROBERTSON COUNTY ASSOCIATION, THE TENNESSEE ASSOCIATION AND THE NATIONAL ASSOCIATION, and I further agree to complete satisfactorily reasonable and nondiscriminatory written examination covering such code, constitutions, bylaws, rules and regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned code of ethics, constitutions, bylaws, rules and regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent that and authorize the ASSOCIATION, through its membership committee or otherwise to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the ASSOCIATION by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

Name Of Firm: _____

Broker Of Company: _____

Office Address: _____

City: _____ State: _____ Zip _____

Office Phone: _____ Fax Number: _____

Your Name As Shown On License: _____

Home Address: _____

City: _____ State: _____ Zip _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

RE License#: _____ Initial License Date: _____



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Continued....

Are you a member or have you previously held membership with another Association of Realtors?

YES... ... or..... NO

If YES, what was the name of the previous board? _____

If YES, what is your NRDS (National Realtors Database System) ID Number? _____

If "YES" have you taken a New Member Orientation class at your previous board? Yes No

Have you ever been refused membership in any other real estate Association?

YES... ... or..... NO

If "YES" state basis for such refusal and detail of circumstances related thereto: _____

Is membership in RCAR going to be your: Primary Board or Secondary Board

If secondary, please indicate name of Primary Board: _____

Has your real estate license, in this or any other state, been suspended or revoked?

YES... ... or..... NO

If "YES" specify the place, date of such action, and details of circumstances: _____

Have you ever been convicted of a felony? YES.. or..... NO

If "YES" please explain: _____

As a member of RCAR you will have online access to our website to be able to pay invoices online, register for classes and events. Please indicate what you would like your username and password to be: Username _____ Password _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information, as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted.

Signed _____ Date _____

Office Use Only	
Licensed Checked	_____
NRDS Database Checked	_____
ARMS Checked	_____
Payment	_____
Website Access Completed	_____
Scanned & Uploaded	_____