

APPLICATION FOR FIRM MEMBERSHIP

(To be completed by Broker of Firm)

2215 Memorial Blvd. –Springfield, TN 37172 – Phone (615)384-0816

Please send completed application to:

support@rcar.net Or denice.oneil@rcar.net

Broker Name:	Broker License #					
Firm Name:		Firm License #				
Firm Address:						
City:	State:	Zip:	Phone:			
Fax:	Emai	il:				
Office Manager:						
Is Membership in RCAR y	our: Primary Board	dor S	econdary Board			
If secondary, please indic	cate name of Primary B	oard				
Are you a member or had If "Yes," name such Board been held the firm's NRDS (National	d, type of membership	held, and date	s establishing the ti	me period o	f which men	nbership has
Have you ever been refus (If "Yes" state basis for ea						
Has your real estate licer (If Yes, specify the place(•			
I hereby certify that the complete and accurate i membership, if granted. with RCAR.	nformation, as request	ted, or any mis	statement of fact, s	shall be grou	unds for revo	ocation of my
By signing, I consent tha Foundation) may contac of communication availa Association(s) in the fut communications that I a	t me at the specified a able. This consent appli are. This consent recog	ddress, teleph ies to changes gnizes that cert	one numbers, fax n in contact informat ain state and feder	umbers, em tion that ma al laws may	nail address on the provide place limits	or other means ed by me to the
Signed			Date			