

**Robertson County Association of Realtors®**  
**APPLICATION FOR MEMBERSHIP**  
(to be completed by Broker of Firm)

2215 Memorial Boulevard – P.O. Box 426 – Springfield, TN 37172 – Phone 615.384.0816 – Fax 615.384.0117

Broker Name \_\_\_\_\_ Broker License # \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Office Manager: \_\_\_\_\_

Is Membership in RCAR your:            Primary Board             or Secondary Board   
If secondary, please indicate name of Primary Board \_\_\_\_\_

Are you a member or have you previously held membership in any other Association of REALTORS®? Yes  No   
If "Yes," name such Board, type of membership held, and dates establishing the time period of which membership has been held. \_\_\_\_\_  
If so, what is the firm's NRDS (National Realtor Database System) Number: \_\_\_\_\_

Have you ever been refused membership in any other real estate association? Yes  No   
(If "Yes" state basis for each such refusal and detail the circumstances related thereto \_\_\_\_\_ )

Has your real estate license, in this or any other state, been suspended or revoked? Yes  No   
(If Yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto \_\_\_\_\_ )

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. I also acknowledge and agree to pay the one-time \$200.00 application fee to become affiliated with RCAR.

Signed \_\_\_\_\_ Date \_\_\_\_\_