

NRDS ID# \_\_\_\_\_

**APPLICATION FOR REALTOR® MEMBERSHIP**

**ROBERTSON COUNTY ASSOCIATION OF REALTORS®**



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

Please send completed application to:

[support@rcar.net](mailto:support@rcar.net) Or [denice.oneil@rcar.net](mailto:denice.oneil@rcar.net)

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I hereby apply for MEMBERSHIP as REALTOR® or REALTOR ASSOCIATE in the above named association & enclose my payment in the amount of \$ \_\_\_\_\_ or I authorize the payment of my dues, new member fee or transfer or reinstatement fee by charging my \_\_\_\_\_ (type) credit card, card number \_\_\_\_\_ expiration date \_\_\_\_\_ and security code \_\_\_\_\_, 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 ABITRATION 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.

1. Name of Firm: \_\_\_\_\_
2. Broker of Company: \_\_\_\_\_
3. Office Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Your Name as Shown on License \_\_\_\_\_ License # \_\_\_\_\_
7. Residence Address: \_\_\_\_\_
8. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. Cell Phone: \_\_\_\_\_ Home Number: \_\_\_\_\_
10. Email Address: \_\_\_\_\_



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Continued.....

11. Date first entered the Real Estate Business in TN: \_\_\_\_\_

12. Is Membership in RCAR: Primary Board \_\_\_\_\_ or Secondary Board \_\_\_\_\_

If Secondary, Please Indicate the Name of Primary Board: \_\_\_\_\_

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

\_\_\_\_\_ YES \_\_\_\_\_ NO

14. If YES, what is your NRDS (National Realtor Database System) ID Number? \_\_\_\_\_

15. If "YES" have you taken a New Member Orientation class at your previous board?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If so, what was the date of your New Member Orientation Class: \_\_\_\_\_

16. Have you ever been refused membership in any other Real Estate Association?

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_

17. Has your Real Estate License, in this or any other state, been suspended or revoked?

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_

\_\_\_\_\_

18. Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES" please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

For Office Use:

License Checked \_\_\_\_\_

Placed in Website \_\_\_\_\_

ARMS Checked \_\_\_\_\_

NRDS Checked \_\_\_\_\_

Invoiced \_\_\_\_\_

Scanned & Uploaded \_\_\_\_\_