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@nmtrealtors.com Or denice.oneil@nmtrealtors.com

Broker Name: _____ Broker License #_____

Firm Name: _____ Firm License #_____

Firm Address: _____

City: _____State:_____ Zip: _____ Phone: _____

Fax: _____Email:_____

OfficeManager:_____

Is Membership in NMTR 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 NMTR.

By signing, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signed_____Date_____