NORTHERN MIDDLE TENNESSEE REALTORS®

APPLICATION FOR REALTOR® MEMBERSHIP

2215 Memorial Blvd. Springfield, TN 37172 - Office: (615)384-0816 Fax: (615)384-0117

Please send completed application to:

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

MEMBERSHIP AND PAYMENT

I am applying for MEMBERSHIP as a REALTOR® in the Northern Middle Tennessee REALTORS®. I agree to pay membership dues in the amount of $ _____ . I authorize the payment of my Dues and New Member Application Fee by charging my

☐ Visa ☐ Mastercard ☐ American Express or ☐ Discover Card

Card Number _____ Expiration Date _____ Security Code _____

I understand my dues will be returned in the event I am not accepted for membership.

MEMBERSHIP AGREEMENT

Upon approval of my membership, I agree to complete the New Member Orientation Course of the Northern Middle Tennessee REALTORS® within 90 days of the start of my membership 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 NORTHERN MIDDLE TENNESSEE REALTORS®, THE TENNESSEE REALTORS® AND THE NATIONAL ASSOCIATION. 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 NMTR, 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.

APPLICANT INFORMATION

1. Your Name as Shown on License: _____ License # _____
2. Home Address: _____
3. City: _____ State: _____ Zip: _____
4. Cell Phone: _____ Home Number: _____
5. Email Address: _____
6. Name of Firm: _____ Broker of Company: _____
8. Office Address: _____
9. City: _____ State: _____ Zip: _____
10. Office Phone: _____
11. Date first entered the Real Estate Business in TN: _____
12. Are you applying for ☐ Primary Membership: or ☐ Secondary Membership:

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CONTINUED APPLICATION FOR REALTOR® MEMBERSHIP

MEMBERSHIP HISTORY

13. Are you a current member or have you previously held membership with another Association of REALTORS®? ☐ YES ☐ NO

14. If YES, what is your M1 #:

15. Have you ever been refused membership in any Real Estate Association? ☐ YES ☐ NO

LICENSE AND ETHICS HISTORY

16. 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:

Also, if "YES" please provide us with the Reinstatement Date:

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

If "Yes" please explain:

18. Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past (3) years: ☐ YES ☐ NO

If "YES" please provide details below:

CERTIFICATION AND CONSENT

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.

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