



APPLICATION TO **TRANSFER OR REINSTATE** 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

I hereby apply for MEMBERSHIP as REALTOR® or REALTOR ASSOCIATE in the Northern Middle Tennessee REALTORS® & enclose my payment in the amount of \$. I authorize the payment of my dues and transfer or reinstatement fee by charging my ☐ Visa ☐ Mastercard ☐ American Express or ☐ Discover Card credit card.

Credit Card Number: Expiration Date: Security Code:

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

In the event I am approved, I agree to thoroughly familiarize myself and abide 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 ARBITRATION MANUAL OF THE ASSOCIATION and the CONSTITUTIONS, BYLAWS, and THE RULES AND REGULATIONS OF THE NORTHERN MIDDLE TENNESSEE, 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. Your Name as Shown on License: License #

2. Home Address:

3. City: State: Zip: Cell Phone: Home Number:

4. Email Address:

5. Name of Firm: Broker of Company:

6. Office Address: Office Phone:

7. City: State: Zip:

8. Date first entered the Real Estate Business in TN:

9. Are you applying for Primary Membership: ☐ or Secondary Membership: ☐

10. NRDS Number: Did you pay last year's dues: ☐ Yes or ☐ No

11. Have you ever been refused membership in an association: ☐ Yes ☐ No

If yes, Please Explain:



CONTINUED APPLICATION FOR TRANSFER/REINSTATEMENT FOR REALTOR® MEMBERSHIP

Has your Real Estate license ever been revoked or suspended? ☐ 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.

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