

Application for Membership

River Counties Association of REALTORS®, Inc.

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## Membership Application

To: River Counties Association of REALTO	RS®, Inc.		
In the event my application is not approved, the indoctrination course of the River Counties and myself with the Code of Ethics of the National with the Code of Ethics and Arbitration Manual Association, the Tennessee Association are evidence my initial and continuing commitment duty to arbitrate all as from time to time ame comments about me from any member or other	\$250.00 applica Association of I Association of I I of the Association of the National to abide by the a inded. Finally, I person and I ag	tion fee will be returned REALTORS®, Inc., if REALTORS®, Inc., if ion and the Constitution Association of REA forementioned Code of consent that and authere that any information	hereby apply for membership in the dable application fee of \$250.00 if my application is approved to me. I agree as a condition to membership to complete the any, and otherwise on my initiative to thoroughly familiarized including the duty to arbitrate business disputes in accordance on, Bylaws and Rules and Regulations of the <b>River Countiel LTORS</b> . I further agree that my act of paying dues shalf Ethics, Constitutions, Bylaws and Rules and Regulations and in and comment furnished to the Association by an member of the villeged and not from the basis of any action by me or slander.
with an ethics complaint or arbitration request that he/she will submit to the pending ethics or expelled from membership without having com	pending, the Boa arbitration proceed plied with an awa nat have previous	ard of Directors shall of eding and will abide by ard in arbitration, the B sly been established as	ntly resigns or is expelled from membership in the Associatio condition renewal of membership upon applicant's verificatio the decision of the Hearing Panel: or if applicant resigns or i oard of Directors shall condition renewal of membership upos due and payable in relation thereto, providing that the awar
I hereby submit the following information for you	ur consideration.		
	1	PERSONAL DATA	
Name as shown on License_			
Name as you want it to appear in our Roster		Please Print	
Real Estate License No			f applicable
Type of Membership applied for (Circle One):	Broker	Affiliate Broker	Appraiser
Name of Firm:			
Firm Address:			
Street			Suite or Other
City	State	Zip Code	one
Residence Address			
Street			Suite or Other
			hone
City	State	Zip Code	

Date of Birth

Month

Day

Year

Place of Birth

City

State

Zip Code

	<ul> <li>Have you ever held a real estate license in another State? Yes No</li> <li>If "YES", which State: Is your license currently active in that State? Yes No</li> </ul>
	Have you ever held a real estate license (prior to this time) in the State of Tennessee?     Yes No
	Are you a member of any other real estate Association? Yes No
	• If "YES", name each other such Association, type of membership held, dates established, the time period for which membership has been held and whether or not there are outstanding sanctions or disciplines against you.
	<ul> <li>Have you been refused membership in any other real estate Board or Association? Yes No</li> <li>If "YES" state basis for each such refusal and detail the circumstances related thereto.</li> </ul>
	Has your real estate license, in this or any other state been revoked? Yes No
	If "YES", specify the place(s) and date(s) of such action and detail the circumstances relating thereto.
	<ul> <li>Are there now any pending or unresolved complaints, or have there been within the past 3 years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government?</li> <li>Yes No</li> </ul>
	If "YES", specify the substance of each complaint in each state, the agency before which complaint was made and the current status or resolution of such complaint: (Attach separate sheet if necessary)
ueste	I understand and agree that I must complete a New Member Orientation course within the first two (2) offerings following application for Membership or I will lose my provisional privileges and be required to pay a \$175.00 reinstatement fee.  certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide compete accurate informat d, or any misstatement of fact, shall be grounds for revocation of my membership if granted.
ree t	nat, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.
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PAYMENT MUST ACCOMPANY APPLICATION: Cash, Checks, or Cred to: River Counties Association of REALTORS®, Inc. unless otherwise note	
Card #	-
Expiration: Amount to be charged:	-
Signature:	_