

**APPLICATION FOR MEMBERSHIP  
IN THE  
CLARKSVILLE ASSOCIATION OF REALTORS®**

**APPLICATION FOR AFFILIATE MEMBERSHIP**

**MEMBERSHIP CATEGORY REQUESTED (CHECK ONE):**

Affiliate - **Initial Contact Person**     Affiliate - **Add'tl Contact Person**     Institute Affiliate     Student

**IDENTIFICATION:**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(REQUIRED TO RECEIVE COMMUNICATIONS)

Company Web Address (URL): \_\_\_\_\_

**AFFILIATE MEMBERS ONLY** (One involved in a business requiring real estate information but not engaged in the real estate business itself):

1. The nature of my business is: \_\_\_\_\_

**INSTITUTE AFFILIATE MEMBERS ONLY** (One engaged in a specialty of real estate other than selling real property having met the qualifications for membership in an Institute, Society, or Council of the NATIONAL ASSOCIATION OF REALTORS®):

1. Engaged in the following specialty of real estate: \_\_\_\_\_

2. Indicate designation approved by NATIONAL ASSOCIATION OF REALTORS®: \_\_\_\_\_

**STUDENT MEMBERS ONLY** (One majoring in real estate and not engaged in the real estate business):

1. College or university attending: \_\_\_\_\_

2. Degree being earned: \_\_\_\_\_

3. Number of years completed: \_\_\_\_\_

4. Name of one college-level course in real estate already completed: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING TO:** Board of Directors, Clarksville Association of REALTORS®, Tennessee

I hereby apply for \_\_\_\_\_ membership in the Clarksville Association of REALTORS®.  
Attached is a check for the required fees, if any, as set forth in the Bylaws of the Clarksville Association of REALTORS®, hereinafter referred to as the "Association." I certify that I (or the business firm noted herein) am fully qualified and meet all the requirements established by the Bylaws of the Association. I (we) subscribe to the ethical principles of the Association and am (are) engaged in a business closely allied with real estate.

**AFFILIATE MEMBERS ONLY:** I understand that this membership belongs to me and that I represent my firm as a member of the Clarksville Association of REALTORS® as long as I am employed by them. Further, I consent and authorize a full investigation, if deemed advisable by the Board of Directors, to determine if the high standards of the Clarksville Association of REALTORS® are met. I hereby waive and release any claim for damages should any arise against the Clarksville Association of REALTORS® or its individual members for any such investigation and from any proceedings and actions connected with this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**MAIL COMPLETED AND SIGNED APPLICATION, WITH PAYMENT, TO:**

CLARKSVILLE ASSOCIATION OF REALTORS®, P.O. BOX 1128 (933 MADISON STREET), CLARKSVILLE, TN 37041-1128