

# APPLICATION FOR MEMBERSHIP

## IN THE CLARKSVILLE ASSOCIATION OF REALTORS®

(Applicants for primary, secondary, or Designated REALTOR® membership are required to complete Section I. Applicants for REALTOR® membership who are principals, partners, corporate officers or branch office managers must also complete Section II. All applicants should proceed to Sections III and IV.)

To: Clarksville Association of REALTORS® - Clarksville, Tennessee

### SECTION I

Applicant's Name (as shown on license): \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip + 4: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address (used for business purposes): \_\_\_\_\_

#### REQUIRED FOR CORRESPONDENCE

Real Estate License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Indicate Type of License (check one):  Broker  Affiliate Broker  Other: \_\_\_\_\_

Name (as you want it to appear in roster): \_\_\_\_\_

NRDS # (if known): \_\_\_\_\_ Nickname: \_\_\_\_\_

Name of Real Estate Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_ City/Zip + 4: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ Office Fax: (\_\_\_\_) \_\_\_\_\_

**NOTE:** Mail from the Clarksville Association of REALTORS® will be sent to the office address **only**. However, you may elect to have any publications/mailings from the State and National Associations sent to your home address. Please indicate here the address to use for these Associations' mailings (if not marked, office address will be used):

Home Address  Office Address

I hereby apply for REALTOR® (check one:  Primary  Secondary  Designated) membership in the Clarksville Association of REALTORS®, and enclose my check in the amount of \$\_\_\_\_\_, which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership to complete the indoctrination course (New Member Orientation) of the above named Association, if any, and otherwise on my own initiative to 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 and Arbitration Manual* of the Board and the Constitution, Bylaws, and Rules and Regulations of the above named Board, the State Association, and the National Association, and I further agree to complete satisfactorily a 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 and authorize the Board, through its Membership and/or Member Services 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 Board 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.

**NOTE:** Applicant acknowledges that the Association will maintain a membership file of information which may be shared with other Boards/Associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards of unpaid financial obligations to the Board/Association or its MLS.

**APPLICATION FORM CONTINUED...**

**NOTE:** Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

**NOTE:** Dues payments to the Clarksville Association of REALTORS® are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expense.

Please indicate position with the firm (**check one**):  Principal\*  Partner\*  Corporate Officer\*  
 Branch Office Manager\*  Employee  
 Independent Contractor  Other: \_\_\_\_\_

*\* If your position falls into one of these four (4) categories, you will be required to complete Section II.*

**I understand and agree that I must complete Orientation within the first two (2) offerings following application for membership, or I will lose my provisional membership privileges.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*(Applicant's Usual Form of Signature)*

**SECTION II**

**Contained on a separate page (for those persons indicated above, marked with an \*).**

**SECTION III**

Are you a member of an Institute, Society, or Council affiliated with the NATIONAL ASSOCIATION OF REALTORS®?  
**(check one):**  YES  NO If Yes, name of the affiliate: \_\_\_\_\_

What professional designations do you hold, if any? (**check all that apply**)

GRI  CRS  CRB  LTG  ABR  
 CCIM  SIOR  CMP  CRP  Other: \_\_\_\_\_

**NOTE:** An applicant for Institute Affiliate Membership shall supply to the Membership/Member Services Committee evidence that applicant holds a professional designation awarded by a qualified Institute, Society, or Council affiliated with the NATIONAL ASSOCIATION OF REALTORS® that addresses a specialty area other than residential brokerage or who otherwise holds a class of membership in such Institute, Society, or Council that confers the right to vote or hold office and shall agree, if elected to membership, to abide by the Constitution, Bylaws, and Rules and Regulations of the local Association, the State Association, and the National Association.

Are you currently a member of another Board/Association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you held membership in another Board/Association within the past three (3) years?

**(check one)**  YES  NO If YES, list each Board/Association where membership was held, type of membership held, and approximate dates of membership: \_\_\_\_\_

Have you been a user or a subscriber in a Multiple Listing Service which is owned and operated by a Board/Association affiliated with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years?  
**(check one)**  YES  NO If YES, list the name of each MLS and the approximate dates of participation: \_\_\_\_\_

**SECTION IV (All applicants must sign)**

***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, may be grounds for revocation of my membership, if granted.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY APPLICATION.** BRING COMPLETED AND SIGNED APPLICATION AND AUTHORIZATION FORMS WITH PAYMENT TO: Clarksville Association of REALTORS® - 933 Madison Street - Clarksville, TN 37040

**SECTION II (Continuation of the Application for Membership Form)**

**SECTION II (Continuation of the Application for Membership Form)**

This section must be completed for REALTOR® Membership, whether primary or secondary, who are principals, partners, corporate officers, or branch managers (i.e., individuals in positions of management control on behalf of individuals who are not physically present and engaged in the real estate profession.) **ALL OTHER APPLICANTS SHOULD PROCEED TO SECTION III.**

State the names and titles of all other principals, partners, or corporate officers of your firm.

_____ (Name)	_____ (Title)
_____ (Name)	_____ (Title)
_____ (Name)	_____ (Title)

Is the office address, as stated in Section I, your principal place of business? **(check one):**  Yes  NO

List the names and addresses of all branch offices or other real estate firms in which you are a principal, partner, or corporate officer:

_____ (Name)	_____ (Address)
_____ (Name)	_____ (Address)
_____ (Name)	_____ (Address)

Are you currently a member of another Board or Association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you held membership in another Board or Association within the past three (3) years?

**(check one):**  Yes  No

If "yes," list the Board or Association where membership was held, type of membership held (Primary, Secondary, Affiliate, etc.) and approximate dates of membership:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you participated in a Multiple Listing Service which is owned and operated by a Board or Association affiliated with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years? **(check one)**  Yes  No

If "yes," list the name of each MLS and the approximate dates of participation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business and Credit References:

Bank:

General Account: \_\_\_\_\_  
(Name of Bank) (Account)

Escrow Account: \_\_\_\_\_  
(Name of Bank) (Account)

Others: \_\_\_\_\_  
(Name of Bank) (Account)

**SECTION II CONTINUED**

Are you or is any real estate firm in which you are a sole proprietor, general partner, or corporate officer involved in any pending bankruptcy or insolvency proceeding, or have you or any real estate firm in which you are a sole proprietor, general partner, or corporate officer been adjudged bankrupt in the past three (3) years?

**(check one):**  Yes  No

If "yes," specify the place(s) and date(s) of such action, and detail the circumstances relating thereto (attach separate sheet if necessary):

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**NOTE:** Applicant acknowledges that if the applicant or any real estate firm in which the applicant is a sole proprietor, general partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been adjudged bankrupt in the past three (3) years, the Board/Association may require, as a condition of membership, that the applicant pay cash in advance for Board/Association and MLS fees up to one (1) year from the date that membership is approved, or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Board/Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

Do you hold, or have you ever held, a real estate license in any other state? **(check one):**  Yes  No

If "yes," please specify name of state and license number: \_\_\_\_\_  
(State) (License #)

Has your real estate license, in this or any other state, been suspended or revoked? **(check one):**  Yes  No

If "yes," specify the place(s) and date(s) of such action, and detail the circumstances relating thereto (attach separate sheet if necessary):

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Are there now any pending or unresolved complaints, or have there been within the past three (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? **(check one):**  Yes  No

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):

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Have you ever been convicted of a felony? **(check one):**  Yes  No

If "yes," give details including state and court of conviction (attach separate sheet if necessary):

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**PLEASE PROCEED TO SECTION IV**

# Field of Business

(Complete and submit with Application for Membership)

To enhance your membership record in the National REALTORS® Database System (NRDS), please list up to four (4) areas in which you plan to specialize. Having this information will better enable us to provide services pertinent to your specialty area(s). You may add/change specialties on your NRDS record at any time in the future.

Select area(s) of specialties from the list below. Specify the item number as well as the name.

	ITEM #	SPECIALTY
Primary Specialty: (list one only)	_____	_____
Secondary Specialties: (list up to 3)	_____	_____
	_____	_____
	_____	_____

## RESIDENTIAL: Sales-Related

- 100 - General Residential Sales
- 101 - Existing Homes (Resales)
- 102 - New Homes
- 103 - Buyer Brokerage
- 105 - Residential Lots

## RESIDENTIAL: Management-Related

- 120 - Brokerage Management
- 123 - Trainer/Instructor/Educator

## RESIDENTIAL: Property Management

- 130 - Single Family
- 131 - Multi-Family
- 123 - Condos/Resorts/Time Shares

## COMMERCIAL: Sales/Leasing Related Activity

- 200 - General Commercial Sales/Leasing
- 201 - Industrial Sales/Leasing
- 202 - Offices Sales/Leasing
- 203 - Retail Sales/Leasing
- 204 - Land Sales/Leasing
- 206 - Property Management
- 207 - Appraiser
- 211 - Investment Sales

## COMMERCIAL: Management Related

- 220 - Brokerage Management
- 222 - Trainer/Instructor/Educator

## COMMERCIAL: Other Commercial Activities

- 230 - Counselor
- 232 - Development
- 233 - Investment Properties (including REIT's)
- 236 - Commercial Sale/Leaseback
- 237 - Site Selection

## OTHER REAL ESTATE SPECIALTIES

- 300 - Auctioneer
- 301 - General Appraisal
- 302 - General Real Estate
- 310 - Personal Assistant (licensed)
- 311 - Personal Assistant (unlicensed)

## INDUSTRY AND AFFILIATED CODES

- 410 - Builder/Developer - Commercial
- 411 - Builder/Developer - Residential

# AUTHORIZATION FORM

Name of Applicant: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Social Security No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

License No.: \_\_\_\_\_ Affiliated With: \_\_\_\_\_

The above-named agent is affiliated with this firm and is duly licensed and entitled to all Association privileges specified in the By-Laws of the CLARKSVILLE ASSOCIATION OF REALTORS®.

\_\_\_\_\_  
**DESIGNATED REALTOR®**

\_\_\_\_\_  
**DATE**

The above-named agent has paid current dues to the local Board, the Tennessee Association of REALTORS®, and the National Association of REALTORS® as follows:

Application Fee: \_\_\_\_\_

Dues: \_\_\_\_\_

Total: \_\_\_\_\_ (payable to "Clarksville Association of REALTORS®")

**Application and dues must be paid by company check, money order, cash, or certified check. No personal checks will be accepted.**

**Display Key or eKEY Lease may be paid by personal check, money order, certified check, or cash.**

Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_