

APPLICATION FOR MEMBERSHIP TO THE KNOXVILLE AREA ASSOCIATION OF REALTORS®

609 Weisgarber Road, Knoxville, TN 37919

Phone 865-584-8647 Toll Free 1-877-584-8647 Fax 865-588-8647

I hereby apply for REALTOR® Membership in the Knoxville Area Association of REALTORS®, enclosing my check in the amount of \$_____ * which is to be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Policies and Procedures of the above named Association, the State Association and the National Association, and, if required, I further agree to satisfactorily complete an orientation program on such Code, Constitutions, Bylaws, Policies and Procedures and Agency Law. I further agree to abide by the Rules and Regulations of the Multiple Listing Service. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the 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 if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.* *Amount shown is prorated according to month that license was placed.

I hereby submit the following information for your consideration: **(Please Print)**

Name as shown on license _____ () Ms. () Miss () Mrs. () Mr.

Preferred Name (For Roster, MLS listings, etc.) _____

Real Estate or Appraiser License Number: _____ () Broker () Affiliate () Appraiser

Type of Membership: () REALTOR® () Designated REALTOR® () REALTOR® Appraiser () Reciprocal MLS

Name of Firm _____ Firm Address _____
(Street) (City, State and Zip)

Residence Address _____
(Street) (City) (State) (Zip)

Please check preferred # () Home: _____ () Cell: _____ () Office _____

E-Mail Address: _____ Web Address: _____

First Licensed in Tennessee: _____ Date license was placed with current firm? _____

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held (REALTOR, APPRAISER, etc.): _____

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____

Have any monies been paid to another Association for the current year's dues? Yes No

If yes, which Association? _____

Are you a principal, partner, corporate officer or branch office manager? Yes No.

If yes, you must also complete the Designated REALTOR application.

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. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. *NOTE: Payments to the Knoxville Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds will be given.*

By signing below 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.

Signature: _____ Dated: _____

Signature of Designated REALTOR: _____

ASSOCIATION USE ONLY	
Application fee	_____
Association dues	_____
MLS Participation fee	_____
C/I MLS Participation fee	_____
Orientation Date:	_____
Date Approved:	_____