



**MIDDLE TENNESSEE  
Association of REALTORS®  
Application for Firm Participation**



I, \_\_\_\_\_, acting as Principal Broker, hereby apply for REALTOR® Firm Participation in the Middle Tennessee Association of REALTORS. Enclosed is a check for the firm application fee in the amount of \$ 200.00, which I understand will be returned to the firm in full in the event that I am not accepted into the membership.

I agree to abide by the By-laws of the Middle Tennessee Association of REALTORS®; the NAR Code of Ethics; the Real Tracs Regional MLS Rules and Regulations; and the Rules and Regulations of the Tennessee Real Estate Commission.

I further agree that I, as Principal Broker, will be responsible for the actions of any brokers and/or affiliate brokers associated with this firm now or in the future, and will put forth all effort to ensure that any brokers and/or affiliate brokers associated with this firm abide by the above mentioned by-laws, rules and regulations, and the REALTOR® Code of Ethics.

I agree that, if accepted for Membership in this Association, the firm shall pay the fees and dues as from time to time established, and hereby certify that the forthcoming 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 both my and the firm membership.

I hereby submit the following information for your consideration:

Broker of Record Name: \_\_\_\_\_ TN Real Estate License Number: \_\_\_\_\_

Are you currently or ever been a member in the Middle Tennessee Association of REALTORS®?  Yes  No

Firm Name Registered with TN Real Estate License: \_\_\_\_\_

TREC Firm License Number: \_\_\_\_\_ Date Company License Issued: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Website Address: \_\_\_\_\_ Broker E-mail Address: \_\_\_\_\_

Is your office in a business zone?  Yes  No

Does your office comply with zoning requirements for its location?  Yes  No

Your firm is (check one):  Individual  DBA  Partnership  Corporation DBA Name: \_\_\_\_\_

Your office is (check one):  Single  Main  Branch \_\_\_\_\_

If the answer to the above is “Main”, please list branch office(s) and addresses below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Institution(s) in which your firm maintains escrow or trustee account:

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Provide each Principal, Partner, Corporate Officer or Trustee of your firm, naming Senior Partners/Officers first:

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Number of Licensees in Firm: \_\_\_\_\_

Please list each Licensee and Tennessee Real Estate License Number:

Licensee

Real Estate License Number

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Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MTAR Representative: \_\_\_\_\_

Payment Information:

Cash, Check, Visa or MasterCard Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code \_\_\_\_\_

Numerical Portion of Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_