

Application for Membership

I hereby apply for AFFILIATE membership in

THE STAMFORD BOARD OF REALTORS® , INC.

30 Buxton Farms Road Suite 115, Stamford, CT 06905

Phone: 203.327.1433 Fax: 203.325.0450 Email: StamfordREALTORS@aol.com

Attached is my payment, which is to be returned to me in the event of non-election. In the event of my election, I agree to abide by its Constitution, Bylaws, Rules and Regulations and the Code of Ethics of the National Association of REALTORS® and the CT REALTORS®.

I irrevocably waive claim against the Board or any of its officers, directors or members for any act in connection with the business of the Board and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling or otherwise disciplining me as an applicant or as a member

MEMBER INFORMATION

Name _____

Home Address _____

(Street)

(Apt/Unit/Suite)

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Preferred: Home/Cell

Email _____

Website _____

NMLS Number (if applicable) _____

My title or position with the FIRM (circle) Principal Partner Corporate Officer Employee Independent Contractor

I agree to pay the annual established fees due January 1st of the year as long as I remain a member of this Board and understand that the present fees are: **One (1x) Time Application Fee of \$50.00 plus \$250.00 Yearly Membership Dues.** I give my consent to the Board to send facsimiles (fax) and email to the above listed number(s) and email address.

I understand it is optional to also become a member of the CT Realtors® and to receive their benefits. By checking this box, I would like to become a member. Please bill me accordingly.

Signature of Applicant _____ Date _____

FIRM INFORMATION

Firm Name _____

Firm Address _____

(Street)

(Unit/Suite)

City _____ State _____ Zip _____

Firm Phone Number _____ Firm Fax Number _____

***** *Below this line for Board use ONLY* *****

Paid _____ Orientation Date _____ Elected: Board of Directors _____

NRDS Member # 2450 _____ NRDS Office # _____

PERSONAL DATA

Name as you would like it to appear in ROSTER (Nickname, etc.) _____

Place of Birth _____ Date of Birth _____

Resident of Connecticut since _____ Previous Residence _____

Educational Background: High School College Other

Previous Employment _____

Are you presently a member of any other Association of REALTORS®? YES NO

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

Have you previously held membership in any other Association of REALTORS®? YES NO

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

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

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 AFFILIATE membership if granted. I further certify that I have a favorable business reputation in the community. I certify that there are no unresolved charges of civil rights violations against me, that there are no pending charges of violations of Consumer Protections Laws, violations of Real Estate Licensing Laws or any other violations of the law.

I UNDERSTAND THAT IF ACCEPTED TO THE BOARD, DUES ARE NON-REFUNDABLE.

Signature of Applicant: _____ Date: _____

Credit Card Information: Card Type (circle one) MasterCard Visa American Express Discover

Card # _____ Exp. Date _____ Amount _____

Signature: _____