## Application for Membership

I hereby apply for AFFILIATE membership in

## THE STAMFORD BOARD OF REALTORS®, INC.

1234 Summer Street Suite 201A, Stamford, CT 06905 Phone: 203.327.1433 Email: <a href="mailto:membership@stamfordrealtors.org">membership@stamfordrealtors.org</a>

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 be bound 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) State Zip	(Apt/Unit/Suite)
Home Phone	Cell Phone	Preferred: Home/Cel
Email		_
	ble)	
Referred by:		
Board and understand that the		
Signature of Applicant		Date
	FIRM INFORMATION	
Firm Name		
Firm Address		
City	(Street) State Zip	(Unit/Suite)
	Firm Fax Num	

## PERSONAL DATA

Name as you would like it to appear ir	ROSTER (Nickname	, etc.)		
Are you presently a member of any other A	YES	NO		
If yes, name of Association & type of mem	bership held:			
Have you previously held membership in a	any other Association of	REALTORS®?	YES	NO
If yes, name of Association & type of mem	bership held:			
If you are now or have ever been a REALT	OR®, indicate your NAR	. membership (NI	RDS) #	
I hereby certify that the foregoing informal failure to provide complete and accurate be grounds for revocation of my AFFILI favorable business reputation in the concivil rights violations against me, that the Protections Laws, violations of Real Est  I UNDERSTAND THAT IF ACCEPTE	e information as reques ATE membership if granmunity. I certify that here are no pending cha ate Licensing Laws or a	ted, or any misst inted. I further o there are no unre rges of violations iny other violation	atement of f ertify that I solved char s of Consum ns of the lav	fact shall have a ges of eer w.
Signature of Applicant:		Date:		
*****	******	*****		
Credit Card Information: Card Type (cir	cle one) MasterCard	Visa American l	Express D	iscover
Card #	Exp. Date _	Aı	nount	
Signature:				
**************************************	this line for Board use (	ONLY******	******	*****
NRDS Member # 2450	NR	NRDS Office #		