

Application for Membership

I hereby apply for Designated REALTOR® membership in

THE STAMFORD BOARD OF REALTORS®, INC.

1234 Summer Street Suite 201A, Stamford, CT 06905

Phone: 203.327.1433 Email: membership@stamfordrealtors.org

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 all claims 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. I will notify the board of individuals licensed or certified with the firm within thirty (30) days of the date of affiliation or severance of the individual. I agree to pay all fees required of my office including non-member assessments charges to the office. Upon the expiration of said membership for any cause, I will discontinue the use of the designation of REALTOR® and will return to the Board all certificates, signs, seals or other indications of membership in the Stamford Board of REALTORS®, Inc., the CT REALTORS® and the National Association of REALTORS®. Bylaws are available at the Board office.

MEMBER INFORMATION

Name _____
(As shown on Real Estate License)

Home Address _____
(Street) (Apt/Unit/Suite)

City _____ State _____ Zip _____ RE License # _____

Home Phone _____ Cell Phone _____ Preferred: Home/Cell

Email _____

FIRM INFORMATION

Firm Name _____

Firm Address _____

City _____ State _____ Zip _____
(Street) (Unit/Suite)

Firm Phone Number _____ Firm Fax Number _____

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

Important – Please read before you sign.

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 \$200.00 plus Membership Dues.** It is understood that this application and fees also include membership in the CT REALTORS® and the National Association of REALTORS®. I give my consent to the Board to send facsimiles (fax) and email to the above listed number(s) and email address.

By providing and/or updating your contact information, including any mobile or other phone numbers, you agree to be contacted by NAR, Connecticut REALTORS®, the Stamford Board of REALTORS®, and their agents via text messages, SMS messages, and calls to cell phones including the use of pre-recorded electronic message calls, as well as calls made via automatic telephone dialing systems or via email. You further agree to update the association with any changes to your contact information and to permit the association to update contact information with information provided by any multiple listing service as part and continuation of this consent.

Signature of Applicant _____ Date _____

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 _____

How long have you been with your current Real Estate firm? _____

Previous Real Estate firm (if applicable): _____

Number of years engaged in the Real Estate business: _____

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) # _____

And last date (year) of completion of NAR's Code of Ethics training requirement: _____

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, please provide details as an attachment.

Have you ever been disciplined by the Real Estate Commission YES NO

- If YES, please provide copies of discipline as an attachment.

Have you participated in any Multiple Listing Service? YES NO

- If YES, name and location of MLS: _____

In what phases of Real Estate do you specialize? Residential Commercial Appraisal International

Other: _____

Bank Information required by Designated REALTOR® of the Firm ONLY

Bank References: _____

Institution in which you maintain escrow or trustee accounts: _____

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

If YES, you must also complete the 3RD page of this 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 REALTOR® 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 I MUST ATTEND A NEW MEMBER ORIENTATION BEFORE MY APPLICATION WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL UNLESS I CAN PROVIDE DOCUMENTATION THAT I HAVE ATTENDED A PREVIOUS ORIENTATION.

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

Signature of Applicant: _____ Date: _____

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

Paid _____ Orientation Date _____ Elected: Board of Directors _____

NRDS Member # 2450 _____ NRDS Office # _____

REALTOR® is a registered mark of the NATIONAL ASSOCIATION OF REALTOR®.

APPLICATION FOR REALTOR® MEMBERSHIP
FOR DESIGNATED BROKERS/BRANCH MANAGERS

Your position: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager

Names of other Partners, Officers, etc. of your firm: _____

Have you ever been refused membership in any other Association of REALTORS®? YES NO

If YES, state the basis for each such refusal and detail the circumstances related thereto: _____

Is the Office Address, as stated, your principal place of business? YES NO

If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a Real Estate license in any other state? YES NO

If YES, where: _____

Have you or your firm been found in violation of State Real Estate licensing regulations within the last three (3) years? If YES, provide details: _____

Have you or your firm been convicted, adjudged or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If YES, provide details: _____

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

Card # _____ Exp. Date _____ Amount _____

Signature: _____