

# Application for Membership

I hereby apply for AFFILIATE membership in

## THE STAMFORD BOARD OF REALTORS®, INCORPORATED

35 Sixth Street, Stamford, CT 06905  
Phone: (203) 327-1433 Fax: (203) 325-0450

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, and Rules and Regulations and the Code of Ethics of the National Association of REALTORS®, and the Connecticut Association of REALTORS®, Inc.

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. **Upon the expiration of said membership for any cause, I will discontinue the use of the designation "REALTOR" and will return to the Board all certificates, signs, seals or other indications of membership in the Stamford Board of REALTORS, Inc., the Connecticut Association of REALTORS, Inc. and the National Association of REALTORS.**

### Member Information

NAME \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_

Real Estate License No (if licensed) \_\_\_\_\_

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 1 of the year as long as I remain a member of this Board and understand that the present fees are: **ENTRANCE FEE \$50.00** plus **Membership Dues**. It is understood that this application and fees include membership in the Connecticut Association of Realtors, Inc. I give my consent to the Board to send facsimiles (fax) and e-mail to the above listed number(s) and e-mail address.

**Signature** of Applicant \_\_\_\_\_ **Date** \_\_\_\_\_

### Firm Information

Firm \_\_\_\_\_

Firm address: \_\_\_\_\_

Firm phone: \_\_\_\_\_ Firm fax: \_\_\_\_\_

Signature of **sponsoring Designated REALTOR** of firm \_\_\_\_\_

\*\*\*\*\***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 \_\_\_\_\_

Language(s) spoken \_\_\_\_\_ Written \_\_\_\_\_

Educational Background:      High School      College      Other

Previous Employment \_\_\_\_\_

**First** real estate license in Connecticut \_\_\_\_\_ year \_\_\_\_\_

Previously held real estate license in \_\_\_\_\_ from:                      to  
(state)

Have you ever been disciplined by a licensing authority?                      Yes      No

If yes, give details: \_\_\_\_\_

Have you previously held membership in any other **REALTOR** board?                      Yes      No

If yes, where \_\_\_\_\_ from                      to

Have you ever been rejected when applying to any other **REALTOR** Board?                      Yes      No

Have you ever been disciplined by a local or state **REALTOR** board?                      Yes      No

If yes, give details: \_\_\_\_\_

**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 protection Laws, violations of Real Estate Licensing Laws or any other violations of law.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If paying by credit card:**

**Circle Method of Payment:**      Visa                      MC                      Am.Ex.

**Credit Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Signature:** \_\_\_\_\_