

Application for Membership

I hereby apply for REALTOR® 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 (as shown on R.E. license) _____

Home Address (street) _____

City _____ **State** _____ **ZIP** _____ **Real Estate License #** _____

Home Telephone _____ **e-mail** _____

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 \$200.00** plus **Membership Dues**. It is understood that this application and fees include membership in the Connecticut Association of Realtors, Inc. and the National Association of REALTORS® and that I will receive the official publication without additional charge. 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: _____ **Zip Code:** _____

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 #** _____

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

