Application for Firm Membership

I hereby apply for Designated REALTOR® 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: 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 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 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

City State Zip RE Licer Home Phone Cell Phone	
Home Phone Cell Phone	(Apt/Unit/Suite)
	nse#
	_ Preferred: Home/Cell
Email	
FIRM INFORMATION	
Firm Name	
Firm Address	
Firm Address(Street) City State Zip	(Unit/Suite)
Firm Phone Number Firm Fax Number	
Does your office comply with zoning requirements for its location?	TES NO
My title or position with the FIRM (circle) Principal Partner Corporate Office	er Employee Independent Contractor
Important - Please read before you sign.	
I agree to pay the annual established fees due January 1 st of the year as lor Board and understand that the present fees are: One (1x) Time Applicat Membership Dues. It is understood that this application and fees also in REALTORS® and the National Association of REALTORS®. I give my confacsimiles (fax) and email to the above listed number(s) and email address	ion Fee of \$200.00 plus nclude membership in the CT onsent to the Board to send
By providing and/or updating your contact information, including any magree to be contacted by NAR, Connecticut REALTORS®, the Stamford agents via text messages, SMS messages, and calls to cell phones including electronic message calls, as well as calls made via automatic telephone disfurther agree to update the association with any changes to your contact association to update contact information with information provided by and continuation of this consent.	Board of REALTORS®, and their og the use of pre-recorded aling systems or via email. You information and to permit the
Signature of Applicant	Date

PERSONAL DATA

Name as you would like it t	o appear in ROSTER (1	Nickname, etc.)						
Place of Birth	Sirth Date of Birth							
Resident of Connecticut sir	nce	Previous Res	idence					
Educational Background:	High School	College	Other					
Previous Employment								
How long have you been wi	ith your current Real Es	state firm?						
Previous Real Estate firm (i	f applicable):							
Number of years engaged in								
Are you presently a member				YES	NO			
If yes, name of Association 8								
Have you previously held m	-					NO		
If yes, name of Association 8	· ,							
If you are now or have ever	-							
And last date (year) of com		-	= :					
Have you been found in viol	=	= -						
in the past three (3) years o			1	-				
~ If YES, please provide deta	•	1 1 0		•				
Have you ever been discipli		Commission		YES		NO		
~ If YES, please provide cop	-							
Have you participated in an	_			YES	S	NO		
~ If YES, name and location	, .							
In what phases of Real Esta				aisal I	nternatio	nal		
=								
Pouls Info	amatian naguinal b	r Designated DEAL	TOD® of the	Eiron (NII V			
Bank References:		y Designated REAL		FITHIC	JNLI			
Institution in which you								
Are you a principal, par					YES	NO		
If YES, you must also co	omplete the 3 RD page	e of this application	S					
I hereby certify that the f to provide complete and for revocation of my REA reputation in the commu me, that there are no pen Licensing Laws or any ot	accurate information ALTOR® membership unity. I certify that the ding charges of viola	n as requested, or any o if granted. I further nere are no unresolved tions of Consumer Pr	misstatement certify that it dicharges of o	nt of fact I have a civil righ	: shall be favorable its violati	grounds business ons against		
□ I UNDERSTAND THA APPLICATION WILL BE PROVIDE DOCUMENTA	PRESENTED TO TH	E BOARD OF DIRECT	ΓORS FOR A	PPROV	AL UNLE	SS I CAN		
□ I UNDERSTAND THA	T IF ACCEPTED TO	THE BOARD, DUES A	ARE NON-RI	EFUND <i>A</i>	ABLE.			
Signature of Applicar	nt:		Γ	Oate: _				
*******	*******Below this	s line for Board use (ONLY****	*****	*****	*****		
Paid Orie	entation Date	Ele	ected: Board	of Direct	tors			
NRDS Member # 2450		NR	DS Office#					

 $REALTOR \hbox{\tt \$} is a registered mark of the NATIONAL ASSOCIATION OF REALTOR \hbox{\tt \$}.$

APPLICATION FOR REALTOR® MEMBERSHIP FOR DESIGNATED BROKERS/BRANCH MANAGERS

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		VFS	
	related theret		NO
		YES	NO
,	te?	YES	NO
	0 0		ne last
	. , ,		•
		_	
i 1	iness? I give address: any other state. Estate licens: ise recorded a If YES, provid.	iness? I give address: any other state? Estate licensing regulation ise recorded as guilty by a fill YES, provide details: Card Visa American Ex	any other state? YES