

Application for Affiliate Membership

MID-FAIRFIELD COUNTY ASSOCIATION OF REALTORS®, INC.

19 Imperial Ave, Westport, CT 06880 phone: 203-227-4418 fax: 203-226-7390

I hereby apply for **Affiliate Membership** by enclosing my payment for fees in the amount of \$ _____, which is to be returned to me in the event of non-election. In event of my election, I agree to abide by its Constitution, By-Laws, 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.

I hereby submit the following information for your consideration:

Name: (Mr/Mrs/Ms) _____
First MI. Last (Nick Name)

Title: _____

Office Name _____

Office Address/City/State/Zip _____

Email _____

Please check here _____ if you **DO NOT** want your email available on our website (website is PUBLIC)

Office Phone _____ **Office Fax** _____

Office Specializes in: _____

Send NAR/CAR mail to: Home Office

PERSONAL DATA

Home Address/City/State/Zip _____

Home Cell Phone _____ Date of Birth: _____

Have you ever held membership in this or any other Board? Yes No

If yes, where? _____

Name of Board Location (city & state)

PAYMENT TYPE

Payment type (circle one): check (#) _____ Amex Visa MC

Credit Card # _____ Exp. Date _____

Payment amount (\$) _____ Security code (credit card) _____

Name on credit card / check _____

Billing Address: _____
Street City/State Zip

Signature _____ **Date** _____

For office use only: QBKS _____ AFFIL _____ NRDS _____ WEB _____ EMAIL _____