



## NEW OFFICE APPLICATION

Date \_\_\_\_\_

### **BROKER INFORMATION:**

Name \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax: \_\_\_\_\_

Email Address: (required) \_\_\_\_\_

Real Estate License Number (required): \_\_\_\_\_

### **FIRM INFORMATION:**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Web site: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

PHONE: 860-793-9414

FAX: 860-793-9515

E-MAIL: MIDSTATE@MIDSTATEREALTORS.COM

WWW.MIDSTATEREALTORS.COM

Do you belong to any other associations?

No: \_\_\_\_\_ Yes \_\_\_\_\_ which ones? \_\_\_\_\_

I give the Mid-State Association of REALTORS® permission to send me emails and faxes relevant to the real estate and association business. The Mid-State Association does not sell, rent or give out members email addresses.

I hereby agree for myself and the firm for which I am representing agree to abide by the by-laws of the Mid-State Association, The CT Association of REALTORS® and the National Association of REALTORS®.

I agree to have all individuals affiliated with my company in any manner who hold a real estate license under my broker's license join the association in a timely manner or agree to the non-member salesperson assessment.

I hereby agree for myself and the firm for which I am representing to binding arbitration of disputes with any member of this Association, with any member of the C.A.R. in accordance with its rules and regulations or any client covered by the Association rules.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please fax or mail back to the association)

**MID-STATE ASSOCIATION OF REALTORS**  
**73 EAST MAIN ST**  
**PLAINVILLE, CT 06062**  
**PHONE: 860-793-9414**  
**FAX: 860-793-9515**  
**E-MAIL: MIDSTATE@MIDSTATEREALTORS.COM**  
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