



MEMBERSHIP APPLICATION - REALTOR® AGENT

GENERAL INFORMATION

Name (as it appears on your license): \_\_\_\_\_

Name (as you wish it to appear on roster): \_\_\_\_\_

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

Firm Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Firm Phone Number \_\_\_\_\_ ext. \_\_\_\_\_ Firm Fax number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone Number: \_\_\_\_\_

Home Fax Number (if one): \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_ Service Provider: \_\_\_\_\_

Opt In to Text Message Services: \_\_\_\_\_ ( Yes or No)

Preferred Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Home

Primary mailing address? \_\_\_\_\_ Firm \_\_\_\_\_ Home

E-mail Address: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_





**MID-STATE ASSOCIATION OF REALTORS®, INC.**

*"The Association with the Personal Connection"*

**73 EAST MAIN ST.  
PLAINVILLE, CT 06062**

**MEMBERSHIP TYPE**

\_\_\_\_\_ New                  \_\_\_\_\_ \* Secondary Membership                  \_\_\_\_\_ \* Association Transfer

**\*SECONDARY MEMBERSHIP AND ASSOCIATION TRANSFER MEMBERS WILL REQUIRE US TO OBTAIN A LETTER OF GOOD STANDING FROM THE PREVIOUS ASSOCIATION .**

Currently Member with another Association in CT                  \_\_\_\_\_ Yes                  \_\_\_\_\_ No  
Currently Member of another State Association                  \_\_\_\_\_ Yes                  \_\_\_\_\_ No

**CURRENT REALTOR® Associations membership** and NRDS member number:

**PREVIOUS REALTOR® Associations membership** and NRDS member number:

**Professional Designations:**

- |  |   |
|--|---|
| <input type="checkbox"/> GRI - Graduate REALTOR® Institute | <input type="checkbox"/> CRS - Certified Residential Specialist |
| <input type="checkbox"/> SRES - Real Estate Specialist     | <input type="checkbox"/> Other(s) please specify: _____         |

**Primary Specialty:**

- |  |   |
|--|---|
| <input type="checkbox"/> Residential Brokerage           | <input type="checkbox"/> Farm and Land Brokerage        |
| <input type="checkbox"/> Property Management             | <input type="checkbox"/> Mortgage Financing             |
| <input type="checkbox"/> Commercial/Industrial Brokerage | <input type="checkbox"/> Building and Development       |
| <input type="checkbox"/> Appraising                      | <input type="checkbox"/> Other(s) please specify: _____ |

Persons other than principals, partners, corporate officers or branch office managers of real estate firms must remain affiliated with a Designated REALTOR® to be eligible for REALTOR® membership.

**Name of Designated REALTOR® broker:** \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No      Have you been disciplined by any REALTOR® Associations?  
(Please attach copies of the discipline.)

\_\_\_\_\_ Yes \_\_\_\_\_ No      Have you ever been disciplined by the DCP?  
Please provide all relevant details and dates (or attach copies of discipline.)





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**CONDITIONS OF MEMBERSHIP SIGNATURE**

I \_\_\_\_\_ hereby apply for membership in the **Mid-State Association of REALTORS®**, enclosing my payment for dues and non-refundable application fee (\$125). *(Waived if previously belonged to another association or a returning member of the Mid-State Association.)* In the event my application is approved, As a New REALTOR®, I agree as a condition of membership to complete the orientation course of the **Mid-State Association of REALTORS®** within six (6) months and familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the, By Laws and Rules & Regulations of the above named Association, the state Association and the National Association of REALTORS®. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership. *(Transfer Members and Returning Members are not required to undergo Orientation)*

I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Bylaws, Rules and Regulations, and the duty to arbitrate, all as from time to time amended.

I authorize the association through it directors, committee and/or staff members to make an investigation of my character as may deem necessary. I acknowledge, consent and fully understand that the information obtained as the result of the investigation will be for the Associations use only. Further, I shall not use any information obtained or furnished in connection with such investigation as the basis of any legal action for slander, libel or defamation of character.

I also acknowledge that if accepted as a member, and I subsequently resign from the Association or otherwise cause membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal membership upon my certification that I will submit to the pending ethics procedure and will abide by the decision of the hearing panel. If I resign or otherwise cause membership to terminate, the duty to submit to arbitration continues in effect even after my membership lapses or is terminated, provided the dispute arose while I was a REALTOR®.

**APPLICANT**

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Signature

**Designated REALTOR® (Broker)**

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

\_\_\_\_\_  
Broker of Record Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Signature



**PHONE: 860-793-9414  
FAX: 860-793-9515**

**E-MAIL: MIDSTATE@MIDSTATEREALTORS.COM  
WWW.MIDSTATEREALTORS.COM**





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## 2018 REALTOR® DUES SCHEDULE

DUES ARE PRORATED ON A MONTHLY BASIS							
Month Joined	Mid-State Association Dues	CTR Dues	NAR Dues	Voluntary PAF	TOTAL NEW MEMBERS	New REALTOR Admin Fee	TOTAL DUE NEW REALTORS
January	\$185.00	\$165.00	\$155.00	\$15.00	\$520.00	\$125.00	\$645.00
February	\$185.00	\$152.08	\$145.00	\$15.00	\$497.08	\$125.00	\$622.08
March	\$185.00	\$139.17	\$135.00	\$15.00	\$474.17	\$125.00	\$599.17
April	\$138.75	\$126.25	\$125.00	\$15.00	\$405.00	\$125.00	\$530.00
May	\$138.75	\$113.33	\$115.00	\$15.00	\$382.08	\$125.00	\$507.08
June	\$138.75	\$100.42	\$105.00	\$15.00	\$359.17	\$125.00	\$484.17
July	\$92.50	\$87.50	\$95.00	\$15.00	\$290.00	\$125.00	\$415.00
August	\$92.50	\$74.58	\$85.00	\$15.00	\$267.08	\$125.00	\$392.08
September	\$92.50	\$61.67	\$75.00	\$15.00	\$244.17	\$125.00	\$369.17
October	\$46.25	\$48.75	\$65.00	\$15.00	\$175.00	\$125.00	\$300.00
November	\$46.25	\$35.83	\$55.00	\$15.00	\$152.08	\$125.00	\$277.08
December	\$46.25	\$22.92	\$45.00	\$15.00	\$129.17	\$125.00	\$254.17

Mid-State portion of your dues is 100% tax deductible.

The amount of CTR Dues which are dedicated to lobbying and therefore non-deductible is 40% of \$165 (\$66). The nondeductible portion for NAR is 43% of \$120 (\$52). The NAR Image Assessment fee is deductible.

The assessment fee for both NAR and CTR is not subject to pro-ration.

Affiliates do not pay NAR dues or assessment. CTR Dues are Voluntary for Affiliate Members. The amount of CTR's Affiliate dues which is non-deductible is 36% of \$155 (\$56).

Scholarship Contributions are tax deductible. Please check with your financial advisor.

Political Action Fund (PAF) Contributions are not tax deductible. Voluntary contributions to the Political Action Fund are used for state and federal issues purposes, **not** candidates and split 70% to the CT Realtors Issues Fund and 30% to the NAR Political Action Fund.



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## GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

(Please keep this page for your records)

- Bylaws, policies and rules.** I agree to abide by the bylaws, policies and rules of the Association, the bylaws, policies and rules of the Connecticut Association of REALTORS®, and the constitution, bylaws, policies and rules of the National Association of REALTORS®, all as they apply to the category of membership I am applying for and as may from time to time be amended.
- Use of the term REALTOR®.** I understand that the professional designation REALTOR® is a federally registered trademarks of the National Association of REALTORS® ("NAR") and use of this designation is subject to N.A.R. rules and regulations. I agree that I cannot use this professional designation until this application is approved, all my membership requirements are completed, and I am notified of membership approval of this designation. I further agree that should I cease to be a REALTOR®, I will discontinue use of the term REALTOR® in all certificates, signs, seals or any other medium.
- Orientation.** I understand that the Association requires orientation as mandated by N.A.R. to fully comply with the REALTOR® requirements for membership. I must attend orientation upon written notification by the Association within 6 months of submission of application. Additional Application fees can be assessed if I do not complete orientation within 6 months.
- No refund.** I understand that my Board/Association membership dues are non refundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues and fees.
- Authorization to release and use information; waiver.** I authorize the Association or its representatives to verify any information provided by me in this application by any method including contacting the Connecticut Department of Consumer Protection, my current or past responsible broker or designed REALTOR®, or any Association where I held, or continue to hold, any type of membership to release all my membership or disciplinary records to this Association, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of action against the Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information as authorized and released hereunder.
- Arbitration Agreement; REALTOR®:** A condition of Membership in the Association as A REALTOR® is that you agree to binding arbitration of disputes. As a REALTOR® (including Designated REALTOR®), you agree for yourself and the corporation or firm for which you act as a partner, officer, principle or branch office manager to binding arbitration of disputes with (i) other REALTORS® members of this Association; (ii) with any member of the California or National Association of REALTORS®; and (iii) any client provided the client agrees to binding arbitration at the Association.
- All association communications are sent via email unless members request to receive hard copies.**



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EMAIL DISCLOSURE & ACKNOWLEDGMENT

The Mid-State Association of REALTORS® continuously strives to be in compliance with current FTC CAN-SPAM email regulation. In doing so, Mid-State requires that this "Email Disclosure & Acknowledgement Notice" be completed in full. ***Please read this "Disclosure" in its entirety and provide information as requested below.***

Why be added to Mid-State Email Distribution?

- o Receive Mid-State’s membership communications.
- o Be reminded of Mid-State Events: Membership Meetings, Social Events, Educational Opportunities
- o Receive up-to-date "Legislative Alerts" and "Calls to Action" on important Local, State and National Levels
- o Be informed of the latest news and valuable tools from the industry

I wish to submit the following email address to Mid-State as the email address Mid-State should use to send its communications to:

\_\_\_\_\_

\_\_\_\_\_ I understand that my email address will also be submitted to the CT Association of REALTORS® (CAR) and the National Association of REALTORS® (NAR). I also realize that Mid-State affiliate members may have access to my email.

\_\_\_\_\_ You may add my email address to the Mid-State Broadcast email distribution lists. The Mid-State Broadcast Email service will send out emails on behalf of our members for a small fee. You can remove yourself at any time just by sending an email to [MidState@MidStateRealtors.com](mailto:MidState@MidStateRealtors.com) with REMOVE in the subject line. We try to only send one broadcast email a day and will only send to Members of the Mid-State Association.

By signing this "Email Disclosure & Acknowledgment Notice", you are authorizing the Mid-State Association to add the email address you have provided to our distribution lists.

Signature

Date

Remember, you may request to change your email address with us as you need to. Simply send us an email and provide us with a new email address. Email your request to [MidState@MidStateRealtors.com](mailto:MidState@MidStateRealtors.com).



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**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Mid-State Association of REALTORS® to make a one time debit to your credit card listed below.

By signing this form you give Mid-State Association of REALTORS® permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize Mid-State Association of REALTORS® to charge my credit card listed below. By signing this form you give us permission to debit your account for the amount of \_\_\_\_\_ on or after \_\_\_\_\_.  
This payment is for \_\_\_\_\_  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

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

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



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