

MID-STATE ASSOCIATION OF REALTORS®, INC.

"The Association with the Personal Connection"

73 EAST MAIN ST.
PLAINVILLE, CT 06062

MEMBERSHIP APPLICATION - AFFILIATE

GENERAL INFORMATION

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: _____ Sex (Optional): _____

Home Address: _____

(Street)

(City)

(State)

(Zip Code)

Home Phone Number: _____

Home Fax Number (if one): _____

Mobile Phone Number: _____ Service Provider: _____

Preferred Phone Mobile Home

Primary mailing address? Firm Home

E-mail Address: _____

PHONE: 860-793-9414

E-MAIL: MEMBERSHIP@MIDSTATEREALTORS.COM

03/11/08

WWW.MIDSTATEREALTORS.COM

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CONDITIONS OF MEMBERSHIP SIGNATURE

_____ hereby apply for AFFILIATE membership in the Mid-State Association of REALTORS®, Inc. I understand that Affiliate memberships are individual memberships and therefore each designated affiliate in a company must submit an application and pay the required fees. I understand that I must pay Local and State Association Fees each year (State Fees are optional) and a \$125 application fee are also required when applying for membership.

1. **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®, all as they apply to the category of membership I am applying for and as may from time to time be amended.
2. **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.
3. **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 any Association where I held, or continue to hold, any type of membership to release all my membership or disciplinary records to this Association. 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.
4. **All association communications are sent via email unless members request to receive hard copies.**

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

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2025 AFFILIATE DUES SCHEDULE

Month Joined	Mid-State Association Dues	New Member Application Fee	Total Due (w/o voluntary amounts)	Voluntary PAF	Voluntary CTR Dues	Total Due (w/voluntary amounts)
January	\$225.00	\$125.00	\$350.00	\$15.00	\$165.00	\$530.00
February	\$225.00	\$125.00	\$350.00	\$15.00	\$151.25	\$516.25
March	\$225.00	\$125.00	\$350.00	\$15.00	\$137.50	\$502.50
April	\$168.75	\$125.00	\$293.75	\$15.00	\$123.75	\$432.50
May	\$168.75	\$125.00	\$293.75	\$15.00	\$110.00	\$418.75
June	\$168.75	\$125.00	\$293.75	\$15.00	\$96.25	\$405.00
July	\$112.50	\$125.00	\$237.50	\$15.00	\$82.50	\$335.00
August	\$112.50	\$125.00	\$237.50	\$15.00	\$67.75	\$320.25
September	\$112.50	\$125.00	\$237.50	\$15.00	\$55.00	\$307.50
October	\$56.25	\$125.00	\$181.25	\$15.00	\$41.25	\$237.50
November	\$56.25	\$125.00	\$181.25	\$15.00	\$27.50	\$223.75
December*	TBD	TBD	TBD	TBD	TBD	TBD

*** DECEMBER PAYMENT WILL INCLUDE 2026 DUES**

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

The amount of CTR's Affiliate dues which is non-deductible is 26.5% of \$155 (\$41). The Voluntary Political Advocacy fee is not deductible.

Affiliates do not pay NAR dues or assessment. CTR Dues are Voluntary for Affiliate Members.

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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10-11

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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 and TCPA & FCC regulations which regulate autodial texts and prerecorded voice calls (which are sometimes called "robocalls").. 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.***

Please answer the following questions and enter the information requested.

___ (initial) I agree that I will maintain a valid email address and cell phone number with the association

___ (initial) I understand that my email address and cell phone number will also be submitted to Connecticut REALTORS® (CTR) and the National Association of REALTORS® (NAR).

___ (initial) 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 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. ***Please do not hit the unsubscribe button in a Constant Contact email as that will remove you completely from all Email communications.***

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

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 membership@mid5totereoltors.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: Visa MasterCard Discover American Express

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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