"The Association with the Personal Connection"
73 EAST MAIN ST.
PLAINVILLE, CT 06062

MEMBERSHIP APPLICATION - AFFILIATE

GENERAL INFORMATION

Name (as you	wish it to app	ear on roster):			
Firm Name: _						
Firm Address:						
	(Street)					
	(City)			(5	State)	(Zip Code)
Firm Phone N	lumber		ext	Firm Fax r	number:	
Date of Birth:				Se	x (Optional): _	<u>. 1818</u>
Home Address:(Street)						
	(Olicel)					
	(City)			(S	State)	(Zip Code)
Home Phone Number:						
Home Fax Nur	mber (if one):_					
Mobile Phone Number:		Service	Provider:			
Preferred Phon	ne	Mobile		Home		
Primary mailing	g address?	Firm_		_Home		
E-mail Address	3:					

PHONE: 860-793-9414
E-MAIL: MEMBERSHIP@MIDSTATEREALTORS.COM

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	CONDITIONS OF MEMBERSHIP SIGNATURE
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ach o	hereby apply for AFFILIATE membership in the Mid-State Association ALTORS®, Inc. I understand that Affiliate memberships are individual memberships and therefore designated affiliate in a company must submit an application and pay the required fees. I stand that I must pay Local and State Association Fees each year (State Fees are optional) and a 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.
Ī	PPLICANT certify that I have read and agree to the terms and conditions of this application and that all formation given in this application is true and correct.
	Signature of Applicant Date of Signature

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2026 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 2027 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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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 ar	inswer the following questions and enter the information re	quested.
(in	nitial) I agree that I will maintain a valid email address and ion	cell phone number with the
	nitial) I understand that my email address and cell phone nucut REALTORS® (CTR) and the National Association of REA	
State Bro remove you in the sub Mid-State	itial) You may add my email address to the Mid-State Broadcast Email service will send out emails on behalf of our yourself at any time just by sending an email to MidState@Neglect line. We try to only send one broadcast email a day a e Association. Please do not hit the unsubscribe button in you completely from all Email communications.	members for a small fee. You can MidStateRealtors.com with REMOVE and will only send to Members of the
	submit the following email address to Mid-State as the ema e should use to send its communications to:	ail address
	ng this "Email Disclosure & Acknowledgment Notice", you a tion to add the email address you have provided to our dis	<u> </u>
Signature	e	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@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:	
Iauthorize Mid-State Association of REALTORS® signing this form you give us permission to debit your <u>account for the amo</u> unt of (amount) (date)	to charge my credit card listed below. By on or after This payment is for
(description of goods/services)	
Billing Address Phone#	
City, State, Zip Email	
	_
Account Type: D Visa D MasterCard D Discover	D American Express
Cardholder Name	_
Account Number	
Expiration Date	
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	
SIGNATURE	

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 lime 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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