73 East Main St. Plainville, CT 06062

MEMBERSHIP APPLICATION - (Check one)

DESIGNATED R	EALTOR - REAL	TOR- APPRIA	SER-
	GENERAL INFORMA	TION	
Name (as it appears on your licens	se):		
Name(as you wish it to appear on ro	oster):		
Firm Name:			
Firm Address:(Street)			
(City)		(State)	(Zip Code)
Firm Phone Number	extFir	m Fax number:	
Date of Birth:		Sex (Optional):	
Home Address:(Street)			
(City)		(State)	(Zip Code)
HomePhoneNumber:			
Home Fax Number (if one):			
Mobile Phone Number		ervice Provider:	
Languages Spoken			
Preferred PhoneMobil	leHom	ne	
Primary mailing address?	_FirmHor	ne	
E-mail Address:			

Phone: 860-793-9414

Email: Membership@MidStateRealtors.com

License #:______Expiration Date:_____

Mid-State Association of REALTORS®, Inc. "The Association with the Personal Connection"

"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 <u>WILL REQUIRE US TO OBTAIN A LETTER OF GOOD STANDING</u> FROM THE PREVIOUS ASSOCIATION .
Date of last Code of Ethics Training for Transfer Members:
Currently Member with another Association in CT Currently Member of another State Association Yes No No
<u>CURRENT REALTOR® Associations membership and NRDS</u> member number:
PREVIOUS REALTOR® Associations membership and NRDS member number:
Professional Designations: GRI - Graduate REALTOR® Institute CRS - Certified Residential Specialist Other(s) please specific:
SRES - Real Estate Specialist Other(s) please specify:
Primary Specialty: REQUIRED Residential Brokerage Property Management Commercial/Industrial Brokerage Building and Development Appraising 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:
YesNo Have you been disciplined by any REALTOR® Associations? (Please attach copies of the discipline.)
YesNo Have you ever been disciplined by the DCP?

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CONDITIONS OF MEMBERSHIP SIGNATURE

<u>I_</u>	hereby apply for membership in the Mid-State Association of REALTORS ®, enclosing
m	y payment for dues <u>and</u> non-refundable application fee (\$125). (Waived if previously belonged to another association or a
re	turning 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. Membership in the Association necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to be bound by the Code of Ethics of NAR, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Mid-State Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics Training and a reasonable and non -discriminatory written examination on such Code, Constitution, Bylaws and Rules and Regulations. I understand the maximum fine for violations of the Code of Ethics and violations of other membership duties is stated in the Bylaws. I also consent that the association, through its membership committee or otherwise, may invite and receive information and comment about applicant from any member or other persons, and that applicant agrees that any information and comment furnished to the association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel, or defamation of character. The applicant shall, with the form of application, have access to a copy of the Bylaws, Constitution, Rules and Regulations, and Code of Ethics referred to above. (*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 bound by the aforementioned Code of Ethics, Bylaws, Rules and Regulations, and the duty to arbitrate, all as from time to time amended.

By providing and/or updating your contact information, including any mobile or other phone numbers, you agree to be contacted by the Mid-State Association, NAR and CTR and their agents via text messages, SMS messages and calls to cell phones including the use of pre-recorded electronic message calls, as well as calls made via automatic telephone dialing systems or via email. You further agree to update the association with any changes to your contact information and to permit the association to update contact information with information provided by any multiple listing service as part and continuation of this consent.

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 bound 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 ter information given in this application is true	ms and conditions of this application and that all and correct.
	/
Signature of Applicant	Date of Signature
Designated REALTOR® (Broker) I certify that I have read and agree to the terinformation given in this application is true a	rms and conditions of this application and that all and correct to the best of my knowledge.
Broker of Record Signature	

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2026 REALTOR® DUES SCHEDULE

Month Joined	Mid-State Association Dues	CTR Dues	NAR Dues	Voluntary PAF	TOTAL NEW MEMBERS	New REALTOR App. Fee	TOTAL DUE NEW REALTORS
January	\$199.00	\$265.00	\$201.00	\$15.00	\$680.00	\$125.00	\$805.00
February	\$199.00	\$242.92	\$188.00	\$15.00	\$644.92	\$125.00	\$769.92
March	\$199.00	\$220.83	\$175.00	\$15.00	\$609.83	\$125.00	\$734.83
April	\$149.75	\$198.75	\$162.00	\$15.00	\$525.50	\$125.00	\$650.50
May	\$149.75	\$176.67	\$149.00	\$15.00	\$490.42	\$125.00	\$615.42
June	\$149.75	\$154.58	\$136.00	\$15.00	\$455.33	\$125.00	\$580.33
July	\$99.50	\$132.50	\$123.00	\$15.00	\$370.00	\$125.00	\$495.00
August	\$99.50	\$110.42	\$110.00	\$15.00	\$334.92	\$125.00	\$459.92
September	\$99.50	\$88.33	\$97.00	\$15.00	\$299.83	\$125.00	\$424.83
October	\$49.75	\$66.25	\$84.00	\$15.00	215.00	\$125.00	\$340.00
November	\$49.75	\$44.17	\$71.00	\$15.00	179.92	\$125.00	\$304.92
December*	TBD	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 2026 REALTORS which is non-deductible, is 16% of \$265 (\$43). 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. The non-deductible portion for NAR is 35% of \$156 (\$55). The NAR Consumer Advertising Campaign Special Assessment fee is deductible (\$45). The voluntary donation to the Gates Scholarship Fund is deductible to the extent allowed by law.

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, <u>not</u> candidates and split 70% to the CT Realtors Issues Fund and 30% to the NAR Political Action Fund.

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Mid-State Realtors New REALTORS®

Orientation Requirements

All New Realtors are **REQUIRED** to complete the NAR mandated New REALTOR® Orientations below.

This is a 3 part requirement:

- 1. The New Member Code of Ethics**
- 2. New Member Orientation
- 3. Fairhaven, a Fair Housing Simulation**

**The Code of Ethics and a Fair Housing course must be done every 3 years as per NAR requirements

The Mid-State Association requests that these 3 parts be completed **within 30 days of join date.** All requirements are online courses and should be able to be completed withing 3-4 hours. Certificates should be emailed to **michelle@midstaterealtors.com** when completed.

(Agent Initial) Failure to complete the required courses will result in membership being immediately inactivated and an additional \$75.00 non waivable reactivation fee paid upon completion before being reactivated.
(Broker Initial) If new member fails to complete the requirements within 60 days, Broker <u>may</u> be assessed a fee in addition to new Member.
Broker signature
Agent signature
Date:

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GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

(Please keep this page for your records)

- 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®, 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.
- 2. **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.
- 3. **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.
- 4. **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.
- 5. 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.
- 6. 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 Connecticut or National Association of REALTORS®; and (iii) any client provided the client agrees to binding arbitration at the Association.
- 7. 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 incompliance 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 vassociation.	alid email address and cell phone number with the
Connecticut REALTORS® (CTR) and the National Connecticut Realtors (CTR) and the National CTR (CTR) and	ress to the Mid-State Broadcast email distribution lists. sending an email to MidState@MidStateRealtors.com only send one broadcast email a day and will only send to do not hit the unsubscribe button in a Constant Contact
I wish to submit the following email address t Mid-State should use to send its communica	
By signing this "Email Disclosure & Acknowle Association to add the email address you h	edgmentNotice", you are authorizing the Mid-State ave 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@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 bel	ow:		
Iauthoriz below. By signing this form, you give us perr This payment is for	mission to debit your account	FREALTORS® to charge my of the amount of	credit card listed on or after
(description of goods/services)	<u> </u>		
Billing Address	Phone#		
City, State, Zip	Email		
Account Type:	Card Discover	American Express	
Cardholder Name			
Account Number		<u> </u>	
Expiration Date			
CVV2 (3 digit number on back of Visa/MC, 4	digits on front of AMEX)		
Expiration Date CVV2 (3 digit number on back of Visa/MC, 4			
SIGNATURE	n	ATF	

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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