

APPLICATION FOR REALTOR® MEMBERSHIP



NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

 Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

First Name		Middle Name	
Last Name		Suffix (Jr, III, Sr, etc)	
Nickname (DBA)			
Email Address:			
Licensed/certified appra	iser: [🗌] Yes [🗌]] No	
Office Name:			
Office Address:			_
Office Phone:	Fax:		
Home Address Street			
City	State	Zip	
Home Phone:	Perso	Personal Fax:	
Cell Phone:			
Preferred Mailing: []] H	lome [□] Office Stre	eet [\square] Office Mail Alternate [\square] Mem	ber Mail Alternate
Preferred Publication: [[]] Home [[]] Office	Street [] Office Mail Alternate [] M	lember Mail
Alternate			

Preferred Phone: [☐] Home [☐] Office [☐] Cell	Initial Password for Association Site:
Preferred Email: [☐] Primary Email [☐] Secondary Email	
Are you presently a member of any other Association of REA If yes, name of Association and type of membership held:	LTORS®?[] Yes [] No
Have you previously held membership in any other Association If yes, name of Association and type of membership held:	on of REALTORS®? [□]Yes [□]No
Have you been found in violation of the Code of Ethics or othe REALTORS® in the past three (3) years or are there any succeprovide details as an attachment.) If you are now or have ever been a REALTOR®, indicate you and last date (year) of company.	h complaints pending? [] Yes [] No (If yes,
Company information: Sole Proprietor Partnership Other, specify	
Your position: Principal Partner Corporate C Branch Office Manager Nonprincipal Licensee	Officer Majority Shareholder
Names of other Partners/Officers/ of your firm:	
Have you ever been refused membership in any other Associately [] Yes [] No If yes, state the basis for each such refusal and detail the circ	
Is the Office Address, as stated, your principal place of busine of the following in the control of the control	
Do you hold, or have you ever held, a real estate license in a lf so, where:	ny other state? [] Yes [] No
Have you or your firm been found in violation of state real est unprofessional conduct rendered by the courts or other lawful details:	
Have you or your firm been convicted of a felony or other crin	ne. If yes, provide details:

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Darien Board of REALTORS® are not deductible as

charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By providing and/or updating your contact information, including any mobile or other phone numbers, you agree to be contacted by NAR, Connecticut REALTORS®, Darien Board of REALTORS®, 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.

Dated:	Signature:
Ontional Information.	
Optional Information: Date of Birth:	
How long with current real estate firm?	_
Previous real estate firm (if applicable):	
Number of years engaged in the real estate bus	
Field of Business (Specialties): please click the	•
Languages Spoken: please click the link to view	all Languages to select
Information to be supplied by Local Associat	tion:
Join Date	
Status: Active, Provisional	
Primary Local Association NRDS ID	
Primary State Association NRDS ID	
Office ID	
(if broker)	
Office Contact DR	
Office Contact Manager	
Number of Non-Member Licensees	