



VALLEY ASSOCIATION OF REALTORS®, INC.

50 Olivia Street, Derby, CT 06418

APPLICATION FOR AFFILIATE MEMBERSHIP

Phone: 203.735.7815 Fax: 203.735.7816 Email: info@varct.com Website: www.varct.com

I HEREBY APPLY FOR Affiliate Membership to the Valley Association of REALTORS®. Affiliate members are individuals who, while not engaged in the real estate profession have interests requiring information concerning real estate and the objectives of the Valley Association of REALTORS®

Name: _____

NRDS # _____

Firm Name: _____

Firm Address: _____

Firm Phone: _____ Fax: _____ Business Email: _____

Home Mailing Address: _____

Home Phone: _____ Fax: _____ Personal Email: _____

Cell Phone: _____ Website Address: _____

Preferred Mailing Home Office

Preferred Phone: Home Office Cell

Preferred Fax: Home Office

Preferred Email: Business Personal

Please indicate the primary nature of your business: _____

What Boards/Associations of REALTORS® have you PREVIOUSLY or currently belong(ed) to as a member? _____

NO REFUND: I understand that my membership dues are non-refundable. In the event I fail to maintain eligibility for membership for any reason under the by-laws, I understand that I will not be entitled to a refund. The affiliate membership cannot be transferred or exchanged with another person in said firm or with another firm (same person).

AUTHORIZATION TO RELEASE AND USE INFORMATION AND WAIVER: I AUTHORIZE THE Association or its representatives to verify any information on this application, including any board/association, business associates. I further authorize any board/association in which I have been a member, to release all membership information to the Valley Association of REALTORS®. I waive any cause of action including, but not limited to, slander, libel or defamation of character resulting from such verification, evaluation or other processing of this application or use of the information gathered by the Association, their agents, employees, committees or members. I certify that the information given in this application is true and correct.

Signature (Applicant): _____ Date: _____

FOR ASSOCIATION USE ONLY

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|---------------------------------------|----------------------------------|
| _____ License | _____ SmartMLS |
| _____ Applicant Signature | _____ VAR Email/Constant Contact |
| _____ DR Signature | _____ Orientation Letter |
| _____ Dues Waiver/Primary Association | _____ Attended Orientation |
| _____ NRDS # | _____ Excel |
| _____ Website | _____ Labels |
| _____ NAR/Ethics | |
| _____ Dues Recorded | |