



Valley Association of REALTORS® , Inc. Affiliate Membership

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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: _____

Firm Name: _____

Firm Address: _____
(Street) (City) (State) (Zip)

Firm Phone: () _____ Firm Fax: () _____

Home Address: _____
(Street) (City) (State) (Zip)

Home or Cell Phone: () _____ Fax: _____

Email: _____

Which do you want as a mailing address: Firm Home

Please indicate the primary nature of your business: _____

What Boards/Associations of REALTORS® have you PREVIOUSLY or currently belonged 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 bylaws, I understand 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 contacting any board/association, business associates. I further authorize any board/association in which I have been a member, to release all membership information to 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: _____