



APPLICATION FOR REALTOR® MEMBERSHIP

THE GREATER WATERBURY BOARD OF REALTORS®, INC.
161 North Main Street, 2nd Floor, Waterbury, CT 06702
Phone: (203) 596-2240 Fax: (203) 596-2243

I, _____ hereby apply for

- PRIMARY AFFILIATE** **SECONDARY AFFILIATE**

Membership in the above named Board and am enclosing my check in the amount of \$ _____ for my **Dues payable to The Greater Waterbury Board of Realtors ®, Inc.**

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

Name: Mr. /Mrs. /Ms. /Miss _____

Office Name: _____

Office Address: _____
(Street) (P.O. Box) (Suite or Other)

(City) (State) (Zip Code)

Office Phone: _____ Ext.: _____ Office Fax: _____

Home Address: _____
(Street) (P.O. Box) (Apt. or Unit #)

(City) (State) (Zip Code)

Home Phone: _____ Home Fax: _____

E-Mail Address: _____ Cell Phone: _____

Preferred Mailing: Home Office Preferred Phone: Home Office Cell

Date of Birth: _____

Nickname: _____

Generation: _____

Gender: Male Female Other

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association: _____

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association: _____

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____

Type of Business: _____

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 Greater Waterbury Board of REALTORS®, Inc. are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: _____

Signature: _____