



  
186 EAST CENTER ST, MANCHESTER, CT 06040  
PHONE: 860 - 646 - 2450  
EMAIL: OFFICE@TRI-COUNTYALLIANCE.COM  
WWW.TRI-COUNTYALLIANCE.COM

### Application for Affiliate Membership with Tri-County Alliance of REALTORS®

I, \_\_\_\_\_ hereby apply for (choose one):

**State and Local Affiliate Membership** \$335/yr. (pro-rated monthly, see chart on page 2)

An Affiliate is an individual membership to the CT Association of REALTORS® as well as the Tri-County Alliance of REALTORS®

**Local Affiliate Membership** \$185/yr. (pro-rated monthly, see chart on page 2)

A Local Affiliate is an individual membership to Tri-County Alliance of REALTORS® *only*.

**Affiliate Members shall be individuals or firms who, while not engaged in the real estate profession as defined in the by-laws of the Tri-County Alliance of REALTORS®, Inc., provide real estate related services.**

Member Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Business Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Provider: \_\_\_\_\_

Website: \_\_\_\_\_

Is this office address, as stated, your principal place of business?  Yes  No

If not, or if you have branch offices, please indicate and give address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State your position with the firm: \_\_\_\_\_

Do you have a current real estate license?  Yes  No

What type of business is this? \_\_\_\_\_

How is your business related to the real estate industry?  
\_\_\_\_\_  
\_\_\_\_\_

Name will appear in the roster as it appears on this application. Please note any changes in how name should appear in any directories, etc.: \_\_\_\_\_

Are you a member of any other real estate board?  Yes  No

If yes, name each Board, the type of membership held, and the dates during which you were a member:

\_\_\_\_\_  
\_\_\_\_\_




  
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Are there any pending or unresolved complaints, or have there been within the past 5 years, any complaints against you or the business with which you have been associated before any state real estate regulatory agency or any other agency of the state or federal government? Yes  No

If yes, please specify the substance of each complaint in each state, the agency before which the complaint was made, and the current resolution or status of such complaint. \*

Have you ever been convicted of a felony? Yes  No

If so, give details including state and court of conviction\*:

\*Attach separate sheet(s) as necessary

By providing and/or updating your contact information, including any mobile or other phone numbers, you agree to be contacted by NAR, Connecticut REALTORS®, Tri-County Alliance 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 dial-ing 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.

RECORDING POLICY: (a) By signing this application you are agreeing to allow Tri-County Alliance of REALTORS® to photograph or record you at or during any membership meeting, social gathering, fund raiser, workshop, or other event held by or in conjunction with the association and to share these images via social media, email and website publications. (b) Members may not record via photographs, video or audio any continuing education classes, pre-licensing courses, or confidential meetings unless it has been pre-approved by the association. Tri-County Alliance of REALTORS® will make any appropriate accommodation for those with visual, hearing, or other impairments within reasonable standards as outlined by the ADA. Approval must come directly, in writing, from the association.

**I hereby certify that all foregoing information furnished by me is true and correct. I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my/our membership.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Tri-Country dues</b>	\$185.00	\$170.00	\$155.00	\$140.00	\$125.00	\$110.00	\$95.00	\$80.00	\$65.00	\$50.00	\$35.00	\$20.00
<b>CTR dues</b>	\$155.00	\$142.08	\$129.17	\$116.25	\$103.33	\$90.42	\$77.50	\$64.58	\$51.67	\$38.75	\$25.83	\$12.92
<b>Total due</b>	<b>\$335.00</b>	<b>\$307.08</b>	<b>\$248.17</b>	<b>\$256.25</b>	<b>\$228.33</b>	<b>\$200.42</b>	<b>\$172.50</b>	<b>\$144.58</b>	<b>\$116.67</b>	<b>\$88.75</b>	<b>\$60.83</b>	<b>\$32.92</b>

★ Tri-County Alliance is now offering a discounted individual membership for additional Affiliate Office staff members joining from the same office. The primary Affiliate member will be charged by the above fee schedule, please list any additional members below with their emails. Additional Office staff members will be charged at \$90 Jan 1 - Jun 30 and \$45 Jul 1 - Dec 31.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment information:**

Name on CC: \_\_\_\_\_

CC# \_\_\_\_\_ Exp: \_\_\_\_\_ CV: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_  
 (street) (city) (zip)

**Please return this application along with a check made payable to Tri-County Alliance, or a signed one time credit card authorization form to the Board office at 186 East Center St, Manchester, CT 06040.**

Please indicate how you heard of the Tri-County Alliance of REALTORS®:

Website
  Mailing
  Referral
  Other
 Name of Referral: \_\_\_\_\_