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New Office Application

BROKER INFORMATION:

Name: _____ REB# _____
Home Address: _____
City, State & Zip Code: _____
Home Phone: _____ Email Address (required): _____
Cell Phone: _____ Provider: _____

FIRM INFORMATION:

Firm Name: _____
Firm Address: _____
City, State & Zip Code: _____
Web site: _____
Firm Phone: _____ Firm Fax: _____

Do you belong to any other associations? Yes* No

*Please list: _____

I give Tri-County Alliance of REALTORS® permission to send me emails and faxes relevant to the real estate and association business. The Tri-County Alliance of REALTORS® does not sell, rent or give out members email addresses.

I hereby agree for myself and the firm for which I am representing agree to abide by the by-laws of the Tri-County Alliance of REALTORS®, The CT Association of REALTORS® and the National Association of REALTORS®.

I agree to have all individuals affiliated with my company in any manner who hold a real estate license under my broker's license join an association in a timely manner or agree to the non-member salesperson assessment.

I hereby agree for myself and the firm for which I am representing to binding arbitration of disputes with any member of this Association, with any member of the CTR in accordance with its rules and regulations or any client covered by the Association rules.

Signature _____ Date _____

(Broker/Owner/Office Manager)