



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

Secondary Broker (Designated Realtor®) Membership Application

Please print all information

Broker's Name _____

Broker's License# RES/ REB/ RCR _____ Date of Application _____

Current Primary Board _____

Firm Name _____

Firm Address _____

(Street)

(City)

(State)

(Zip)

Office Phone# _____ Cell# _____

Broker's Primary email _____

Signature _____ Date _____

Secondary Broker promotional pricing \$100 to join!

Card# _____ Exp. Date _____

Name on Card _____ CVV _____

Billing Address _____

Cardholder's Signature _____

**Please include a Letter of Good Standing from your
current board with your application**



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ARBITRATION AGREEMENT: (a) I hereby agree for myself and the firm for which I act to binding arbitration of disputes with any member of the Board, with any member of CTR in accordance with its rules and regulations or any client covered by the Board's rules. (b) Further, I agree to binding arbitration in accordance with the Board's rules.

NO REFUND: I understand that my Membership dues are non-refundable. In the event that I fail to maintain eligibility for Membership for any reason under the bylaws, including but not limited to discipline by the Board, I understand I will not be entitled to a refund of my dues or fees.

AUTHORIZATION TO RELEASE AND USE INFORMATION AND WAIVER: I authorize the Board or its representatives to verify any information in this application including contacting any Board/Association/MLS, the Real Estate Commission, current or past broker or business associates. I further authorize any Board/Association/MLS in which I have been a member to release all membership and disciplinary records to the Board to which I am applying. I further authorize this Board to use this information in determining future disciplinary sanctions. 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 Board, CTR, NAR, their agents, employees, committees or members.

NEW MEMBER/CODE OF ETHICS ORIENTATION: I understand that I am *required to attend a New Member/Code of Ethics orientation within 180 days from the association's receipt of application*. Failure to satisfy this requirement (or, alternatively, the date that provisional membership was granted) will result in denial of the membership application or termination of provisional membership.

Membership in the Association necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to be bound by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand the maximum fine for violations of the Code of Ethics and violations of other membership duties is stated in the Bylaws.

I agree that should I cease to be a Member of a Board, I will discontinue use of the term REALTOR® or REALTORS® in all certificates, signs, seals or any other medium.

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 dialing 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 certify that the information provided in the application is true and correct.

Applicant Signature _____ Date _____