



 
186 EAST CENTER STREET • MANCHESTER, CT 06040
TELEPHONE: 860-646-2450 • FAX: 860-649-4343
EMAIL: Tri.County@sbcglobal.net • WEB: www.Tri-Countyboard.com

Application for Affiliate Membership

To: Tri-County Alliance of REALTORS®, Inc.

I, _____ hereby apply for:

(check one)

 Affiliate Membership- \$320/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.

 Local Affiliate Membership- \$165/ yr. (pro-rated monthly, see chart on page 2)

A Local Affiliate is an Individual Membership to Tri-County Alliance 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.

Name _____ Ms. _____
Mrs. _____
Mr. _____

Name of Firm: _____

Business Address: _____

Current Home Address: _____

Business Phone # _____ Fax# _____

E-MAIL address _____ WEB SITE _____

Would you like your e-mail and web site linked from our website? Yes ____ No ____

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 (s):

State your position with the firm: _____

Do you have a current real estate license? ____ Yes ____ No

What business are you engaged in? _____



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, or any person listed on this application, 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 _____

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

APPLICANT MUST SIGN.

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.

Signature of Applicant Date

Total Enclosed: \$ _____ I have enclosed a check
(Made payable to Tri-County Alliance of REALTORS®, Inc.)

Please return this application, along with your payment to: Tri-County Alliance of REALTORS®, Inc., 186 East Center Street, Manchester, CT 06040

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

Website Mailing Referral Other Name of Referral: _____ Tri.county@sbcglobal.net 860 646-2450

2017 Dues Prorated

AFFILIATE MEMBERS												
Joining In:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Local (Tri-County)	165.00	151.25	137.50	123.75	110.00	96.25	82.50	68.75	55.00	41.25	27.50	13.75
CTR	155.00	142.08	129.17	116.25	103.33	90.42	77.50	64.58	51.57	38.75	25.83	12.92
Total Due	320.00	293.33	266.67	240.00	213.33	186.67	160.00	133.33	106.57	80.00	53.33	26.67