



EASTERN CONNECTICUT ASSOCIATION OF REALTORS®, INC..

The Voice for Real Estate in Eastern Connecticut™

106 Route 32, Suite 4, North Franklin, CT 06254

Telephone: (860) 892-2595 Fax: (860) 892-2599

Web Site: <http://www.easterncrealtors.com>

Email: info@easterncrealtors.com



Application for Affiliate Membership

Name: _____

Name of Firm: _____

Office Telephone #: () _____ Fax #: () _____ Cell Phone #: () _____

Business Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Type of Business: _____

Firm Internet Home Page: <http://> _____

E-mail Address: _____

I agree to receive periodic text notifications from ECAR (max 4 per month) YES NO

ECAR Web Site Logon Information: Your user name will be the email address provided above. Passwords must be at least six characters consisting of letters and/or numbers and are case sensitive.

I request the following password to access the web site: _____

Name of ECAR member who referred you to us: _____

Association members/staff with whom you are acquainted: _____

Membership Dues: Annual dues are prorated monthly. Please call the Association for the current amount due.

Eastern Connecticut Association of REALTORS® (ECAR)	\$ _____
Connecticut Association of REALTORS® (CTR)*	\$ _____
Total Due at Application	\$ _____

*Membership in the Connecticut Association of REALTORS® is optional. CTR benefits include frequent email updates and access to the members only side of their web site at www.ctrealtor.com. Annual dues are \$350 if you join ECAR and CTR, or \$195 if you join ECAR.

Member Signature Date: _____

CREDIT CARD AUTHORIZATION FORM	
<input type="checkbox"/> Payment to ECAR for _____	<i>Specify service(s) or fee(s). Please make your check payable to E.C.A.R</i>
<input type="checkbox"/> Charge my credit card \$_____.	Type of Card*: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Credit Card Number*: _____	3 digit Code*: _____ Expiration Date*: _____
Name on Credit Card*: _____	
Credit Card Billing Address *: _____	Zip Code*: _____
Signature* _____	Date _____
* required	