



**Eastern Connecticut Association of REALTORS®**  
 106 Route 32, Suite 4, Franklin, CT 06254  
**APPLICATION FOR DESIGNATED REALTOR® MEMBERSHIP**  
 Phone: 860-892-2595 Fax: 860-892-2599



To the Eastern Connecticut Association of REALTORS®: I hereby apply for \_\_\_ primary \_\_\_ secondary Designated REALTOR® Membership in the above named Association and am enclosing payment in the amount of \$ \_\_\_\_\_ for my 20\_\_\_ dues payable to Eastern Connecticut Association of REALTORS®. *\*(Total includes initiation fee, NAR/CTR/ECAR dues prorated according to month joining, voluntary PAF donation – see page 3 for breakdown).*

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License #: \_\_\_\_\_

License type *(copy of license required with application)*:  Broker  Salesperson  Appraiser

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Member's Business E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Additional Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Web Site Address: http://\_\_\_\_\_

*By providing and/or updating my contact information, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available including my cell phone number via text messages, SMS messages, and calls to my cell phone using pre-recorded electronic message calls, as well as calls made via automatic telephone dialing systems or via email. I further agree to update the association with any changes to my 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. I understand that I can revoke this consent at any time by replying STOP to cancel. Message and Data Rates May Apply.*

Preferred Mailing:  Home  Office  Addl. Address

Preferred Phone:  Home  Office  Cell

Preferred Fax:  Home  Office

\*Preferred Email:  Business  Personal

**ECAR Web Site Logon Information:** Your user name will be your \*preferred 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: \_\_\_\_\_.

Membership in the Eastern CT Association of REALTORS® (ECAR) necessarily means that I am also a member of the Connecticut Association of REALTORS® (CTR) and National Association of REALTORS® (NAR). Membership brings certain privileges and obligations that require compliance. In the event of my election, I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership 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 ECAR, CTR, and NAR.

**FOR ASSOCIATION USE ONLY**

___ License ___ Exam	___ Netforum / NRDS # _____
___ R.E.C. verification	___ Dues Recorded
___ DR signature	___ Welcome Email
___ Notice to DRs	___ Orientation Email ___ Ethics ___ Attended Orientation
___ Dues Waiver/Primary Assoc.	___ _____
___ _____	___ _____

I understand the maximum fine for violations of the Code of Ethics and violations of other membership duties is stated in the Bylaws. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws.

**NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

1. Are you presently a member of any other Association of REALTORS®? \_\_\_\_\_  
If yes, name of Association and type of membership held: \_\_\_\_\_
2. Have you previously held membership in any other Association of REALTORS®? \_\_\_\_\_  
If yes, name of Association and type of membership held: \_\_\_\_\_
3. Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? \_\_\_\_\_ (If yes, provide details as an attachment.)
4. If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: \_\_\_\_\_  
and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_
5. Company information: \_\_\_Sole Proprietor \_\_\_Partnership \_\_\_Corporation \_\_\_LLC (Limited Liability Company)
6. Your position: \_\_\_Principal \_\_\_Partner \_\_\_Corporate Officer \_\_\_Branch Office Manager
7. Names and positions of other Partners/Officers of your firm: \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been refused membership in any other Association of REALTORS®? \_\_\_\_\_  
If yes, state the basis for each such refusal and detail the circumstances related thereto: \_\_\_\_\_  
\_\_\_\_\_
9. Is the Office Address, as stated, your principal place of business? \_\_\_\_\_  
If not, please provide address: \_\_\_\_\_
10. Please provide the address of any branch offices, if any: \_\_\_\_\_  
\_\_\_\_\_
11. Do you hold, or have you ever held, a real estate license in any other state? \_\_\_\_\_  
If so, where: \_\_\_\_\_ License #: \_\_\_\_\_
12. Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details: \_\_\_\_\_
13. Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. \_\_\_Yes \_\_\_No  
If yes, provide details: \_\_\_\_\_
14. Real Estate Specialty:  Residential  Commercial  Resort  International  Other: \_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Eastern Connecticut Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. Dues are non-refundable.

In the event of non-election, my local dues only shall be returned to me less a prorated amount to cover the number of days that I received association services and any application fee. I understand that annual dues are non-refundable.

(Optional Information): Number of years engaged in the real estate business: \_\_\_\_\_  
How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_

Designated REALTOR®'s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Broker or Manager)  
**EASTERN CONNECTICUT ASSOCIATION OF REALTORS, INC.**  
**2019 Designated REALTOR® Dues and Fees Payment Schedule**  
**Effective 1/1/2019**

	Initiation Fee	NAR Dues	CTR Dues	ECAR Dues	Voluntary PAF Donation <sup>2</sup>	Total Due
January	300.00	185.00	165.00	400.00	15.00	1065.00
February	300.00	172.50	152.08	366.67	15.00	1006.25
March	300.00	160.00	139.17	333.33	15.00	947.50
April	300.00	147.50	126.25	300.00	15.00	888.75
May	300.00	135.00	113.33	266.67	15.00	830.00
June	300.00	122.50	100.42	233.33	15.00	771.25
July	300.00	110.00	87.50	200.00	15.00	712.50
August	300.00	97.50	74.58	166.67	15.00	653.75
September	300.00	85.00	61.67	133.33	15.00	595.00
October	300.00	72.50	48.75	100.00	15.00	536.25
November	300.00	60.00	35.83	66.67	15.00	477.50
December <sup>1</sup>	300.00	47.50	22.92	33.33	15.00	418.75
<sup>1</sup> December applicants must also pay 2020 dues						
<sup>2</sup> The Voluntary Political Advocacy Fund contribution is not tax deductible						

For 2019 NAR dues/assessment of \$185 per member, NAR computes 38% of the dues portion of \$150 or \$57 to be nondeductible for the member's income tax due to NAR's lobbying efforts. The Consumer Advertising Campaign assessment of \$35 is fully deductible. For 2019 CTR dues of \$165 per member, CTR computes 47% or \$78 to be nondeductible for the member's income tax due to CTR's lobbying efforts. The amount of CTR's affiliate member dues of \$155 which is non-deductible is 44% or \$68. The Voluntary Political Advocacy Fund contribution is not deductible. For 2019 ECAR REALTOR dues of \$400 per member, ECAR computes 1% or \$4 to be nondeductible for the member's income tax due to ECAR's lobbying efforts. For 2019 ECAR Affiliate dues of \$225 per member, ECAR computes 1% or \$2 to be nondeductible for the member's income tax due to ECAR's lobbying efforts.

<b>Payment Type (please indicate):</b>	
<input type="checkbox"/> Check for \$ _____ payable to ECAR Check #: _____ Name on Check: _____	
<input type="checkbox"/> 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*: _____
Payment Amount (\$) _____	
Signature* _____	Date _____
* required	