



# EASTERN CONNECTICUT ASSOCIATION OF REALTORS®, INC.

*The Voice for Real Estate in Eastern Connecticut™*

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

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## Application for Affiliate Membership

**\*If you are a colleague in the same office as the primary Affiliate member, you must complete the Associate Affiliate application instead of this application.**

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

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Website: <http://> \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City State Zip

Type of Business: \_\_\_\_\_

*By providing and/or updating my contact information, including any mobile or other phone numbers, I agree to be contacted by NAR, CTR, ECAR, 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. 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/Data Rates May Apply.*

Preferred Mailing:  Home  Company Preferred Phone:  Cell  Company  Home

I am interested in:  Commercial Real Estate  Young Professionals Network (YPN)

If applicable - name of ECAR member who referred you to us: \_\_\_\_\_

Association members/staff with whom you are acquainted: \_\_\_\_\_

\_\_\_\_\_  
Affiliate Member Signature Date: \_\_\_\_\_

### FOR ASSOCIATION USE ONLY

____ Applicant signature	____ RAMCO/ NRDS # _____
____ Dues Recorded	____ Welcome Email
____ Website	____ Online Directory
____ _____	____ _____

**EASTERN CONNECTICUT ASSOCIATION OF REALTORS, INC.**  
**2021 Affiliate Membership Dues Authorization & Schedule**  
**Effective 1/1/2021**

<b>Payment Authorization For:</b> _____	
<i>(Name of Applicant)</i>	
<b>Payment Type</b> (please indicate):	
<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*: _____ Exp Date*: _____ 3-Digit Code*: _____	
Name on Credit Card*: _____	
Credit Card Billing Address*: _____ Zip Code*: _____	
Payment Amount (\$) _____	
Signature* * required	Date

	<b>CTR Dues<sup>1</sup></b>	<b>ECAR Dues</b>	<b>CTR/ECAR Dues</b>	<b>Assoc Affiliates<sup>2</sup></b>
January	155.00	225.00	380.00	95.00
February	142.08	206.25	348.33	87.08
March	129.17	187.50	316.67	79.17
April	116.25	168.75	285.00	71.25
May	103.33	150.00	253.33	63.33
June	90.42	131.25	221.67	55.42
July	77.50	112.50	190.00	47.50
August	64.58	93.75	158.33	39.58
September	51.67	75.00	126.67	31.67
October	38.75	56.25	95.00	23.75
November	25.83	37.50	63.33	15.83
December <sup>1</sup>	12.92	18.75	31.67	7.92

**1** CTR membership is optional for affiliate members

**2** Colleagues from the same office may join as Associates Affiliates