

EASTERN CONNECTICUT ASSOCIATION OF REALTORS® , INC.



The Voice for Real Estate in Eastern Connecticut™

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Application for Associate Affiliate Membership

This membership is available for applicants who are in the same office location where there is a current primary affiliate member

Name: _____ Date of Birth: _____

Company Name: _____

Type of Business: _____

Company Address: _____

Street

City

State

Zip

Company Phone #: _____ Company Fax #: _____

Company Website: <http://>_____

Email Address: _____

Residence Address _____

(Not published)

Street

City

State

Zip

Cell Phone: _____ Home Phone: _____

Preferred Mailing: Company Home Preferred Phone: Company Cell Home

Billing Notification Email Mail

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

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.

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

Association members/staff with whom you are acquainted: _____

Date: _____

Associate Affiliate Member Signature

FOR ASSOCIATION USE ONLY

____ Applicant signature

____ RAMCO/ NRDS # _____

____ Dues Recorded

____ Welcome Email

____ Website

____ Online Directory

EASTERN CONNECTICUT ASSOCIATION OF REALTORS, INC.
2023 Associate Affiliate Membership Dues Authorization & Schedule
Effective 1/1/2023

Payment Authorization For: _____ <div style="text-align: right;"><i>(Name of Applicant)</i></div>	
Payment Type (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

	CTR Dues¹	ECAR Dues	CTR/ECAR Dues	Assoc Affiliates²
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 ¹	12.92	18.75	31.67	7.92

¹ CTR membership is optional for affiliate members

² Colleagues from the same office location as the primary Affiliate member may join as Associates Affiliates