

**APPLICATION**  
**AFFILIATE MEMBERSHIP**  
GREATER HARTFORD ASSOCIATION OF REALTORS®, INC.

I hereby apply for Affiliate Membership in the above-named Association of REALTORS® (hereinafter referred to as the Association) and Connecticut Association of REALTORS®. Affiliate Members are individuals who, while not engaged in the real estate profession have interests requiring information concerning real estate and are in sympathy with the objectives of the Greater Hartford Association of REALTORS®.

1. Name: Mr./Mrs./Ms.(print) \_\_\_\_\_

2. Firm Name: \_\_\_\_\_

3. Firm Address: \_\_\_\_\_  
(P.O. Box) (street) (city) (state) (zip)

4. Firm Phone: (\_\_\_\_) \_\_\_\_\_ Firm Fax: (\_\_\_\_) \_\_\_\_\_

5. Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

6. Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Fax: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

7. Which do you want as a mailing address?  Firm  Home

8. I hereby apply as a (check all applicable boxes):  Primary Membership  Secondary Membership

9. Please indicate the primary nature of your business:

\_\_\_\_\_  
\_\_\_\_\_

10. What Boards/Associations of REALTORS® have you PREVIOUSLY belonged to as a Member? \_\_\_\_\_

\_\_\_\_\_

a. Do you have any unpaid financial obligations with any of the above Boards/Associations?  Yes  No

11. **NO REFUND:** I understand that my Membership dues are non-refundable. In the event I fail to maintain eligibility for Membership for any reason under the bylaws. I understand I will not be entitled to a refund of my dues or fees.

12. **AUTHORIZATION TO RELEASE AND USE INFORMATION AND WAIVER:** I authorize the Association or its representatives to verify any information in this application including contacting any Board/Association, business associates. I further authorize any Board/Association in which I have been a member to release all membership information to the Association to which I am applying. I waive any cause of action including, but not limited to, slander, libel or defamation of character resulting from such verification, evaluation or other processing of this application or use of the information gathered by the Association, C.A.R., their agents, employees, committees or members.

**I certify that the information given in this application is true and correct.**

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

\* **The affiliate membership can not be transferred or exchanged.**

Rev.6/11