

**Application for Membership GREATER NEW HAVEN
ASSOCIATION OF REALTORS®, INC.**

(Applicants for primary or designated REALTORS® membership are required to complete the first section.)

TO: Greater new Haven Association of REALTORS®, Inc.

First Name: _____ Initial _____ Last Name: _____

Home Address: _____

City: _____, CT ZIP: _____ Other Phone: (____) _____

E-Mail: _____

Office Name: _____

Office Address: _____

Office Phone: (____) _____ Office Fax: (____) _____

I hereby apply for REALTOR® (____ primary or ____ designated) membership in the above named association, and enclose my check in the amount of \$_____, which I understand will be returned to me in the event I am not accepted to membership. I agree as a condition of membership to complete the indoctrination course (Orientation) of the above named Association, if any, and otherwise on my own initiative to thoroughly familiarize myself with Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the constitution, bylaws and rules and regulations of the above named Association, the State Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, constitution, bylaws, rules and regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, constitution, bylaws, rules and regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Association, through its membership committee or otherwise, to invite and receive information and comment furnished to the Association by any member or other person, and I agree that any information and comment furnished to the Association by any member or other person, and I agree that any information and comment furnished to the Association by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, defamation of character.

NOTE: Applicant acknowledges that the Association will maintain a membership file of information which may be shared with other Associations where applicant subsequently seeks membership. This file shall include: previous application for membership; all finding of Code of Ethics violations, or violations of other membership duties within the past three (3) years; pending complaints alleging violation of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; ending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the Association or its MLS.

Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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®.

Dues payments to the Association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

I hereby submit the following information for your consideration: (Please print)

Name as shown on license:

License #: RES. Or REB. _____

Please provide a copy of your license that shows the License # from the Department of Consumer Protection not a copy of the Pass Examination Letter.

Have you ever been a member of a Board/Association of REALTORS®? YES NO

If Yes, Give Individual NRDS Member Number: _____

I agree that, if accepted for membership in the Association, I will pay the fees and dues as from time to time established. 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, may be grounds for revocation of my membership, if granted.

Date: _____ Signature: _____

VISA MC

NAME ON CARD: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____