



127 Washington Ave, North Haven,  
CT 06473 (203) 234-7700  
Old Saybrook Office: 222 Old Boston Post Rd,  
Old Saybrook, CT 06475 (860) 395-0588

## Membership Information

Thank you for your interest in membership with the New Haven Middlesex Realtors, Inc. The New Haven Middlesex Association prides itself on providing all of the necessary services that Realtors need to be successful in business.

The New Haven Middlesex Real Estate School provides agents with a full Continuing Education schedule to complete the courses required by the CT Real Estate Commission for license renewal, in both classroom and online format. Besides holding quality education sessions, NHMR holds timely and informational General Membership Meetings as well as fun networking opportunities – all at reduced prices – and at various locations - throughout the year.

With membership in the local association comes membership in the Connecticut Association of Realtors (CTR) and the National Association of Realtors (NAR). A schedule of fees for this aspect of your membership is included with this information. If you have paid CTR or NAR through another Association **no additional fees are due**, however a dues waiver form issued through your prior Association will be required.

To become a part of the Connecticut Multiple Listing Service (CTMLS) please complete the CTMLS Subscription Agreement along with payment of the prorated semi-annual fees. If you are already a member of the CTMLS and are simply switching Associations, a CTMLS member transfer form is all that is required.

If we can provide you with any further information please do not hesitate to contact our office. You may also visit our website at [www.nhmrealtors.com](http://www.nhmrealtors.com) for the most recent information on benefits and services. We look forward to servicing your membership needs.

## 2017 DUES MONTHLY PRORATION

Dues amounts are prorated on a monthly basis.  
Please refer to the following charts for Members/New Members.

### REALTOR®

2017	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUG</u>	<u>SEPT</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>
NHMR	\$190.00	\$174.17	\$158.33	\$142.50	\$126.67	\$110.83	\$95.00	\$79.17	\$63.33	\$47.50	\$31.67	\$15.83
CTR	165.00	152.08	139.17	126.25	113.33	100.42	87.50	74.58	61.67	48.75	35.83	22.92
NAR	155.00	145.00	135.00	125.00	115.00	105.00	95.00	85.00	75.00	65.00	55.00	45.00
<b>TOTAL</b>	<b>\$510.00</b>	<b>471.25</b>	<b>432.50</b>	<b>393.75</b>	<b>355.00</b>	<b>316.25</b>	<b>277.50</b>	<b>238.75</b>	<b>200.00</b>	<b>161.25</b>	<b>122.50</b>	<b>83.75</b>

CTR Note: Included is \$10 for the Issues Advocacy Assessment fee, which is not pro-ratable

NAR Note: Included is \$35 for the Public Awareness Campaign special assessment, which is not pro-ratable

### REALTOR® NEW MEMBER

2017	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUG</u>	<u>SEPT</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>
<b>DUES</b>	<b>\$510.00</b>	<b>\$471.25</b>	<b>\$432.50</b>	<b>\$393.75</b>	<b>\$355.00</b>	<b>\$316.25</b>	<b>\$277.50</b>	<b>\$238.75</b>	<b>\$200.00</b>	<b>\$161.25</b>	<b>\$122.50</b>	<b>\$83.75</b>
Application	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00
<b>TOTAL</b>	<b>\$660.00</b>	<b>\$621.25</b>	<b>\$582.50</b>	<b>\$543.75</b>	<b>\$505.00</b>	<b>\$466.25</b>	<b>\$427.50</b>	<b>\$388.75</b>	<b>\$350.00</b>	<b>\$311.25</b>	<b>\$272.50</b>	<b>\$233.75</b>

CTR Note: Included is \$10 for the Issues Advocacy Assessment fee, which is not pro-ratable

NAR Note: Included is \$35 for the Public Awareness Campaign special assessment, which is not pro-ratable

### AFFILIATE

<b>2017</b>	
NHMR	\$250.00
CTR (optional)	155.00

Note that Affiliate Members are not assessed by CTR for Issues Advocacy  
CTR dues are elective for Affiliate members.

### CTMLS SUBSCRIBER FEE PRORATION BY MONTH JOINING

2017	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUG</u>	<u>SEPT</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>
CTMLS	\$117.16	\$87.87	\$58.58	\$117.16	\$87.87	\$58.58	\$29.29	\$78.78	\$52.52	\$26.26	TBD	TBD

For your information, the amount of 2017 REALTOR® Local dues which is dedicated to lobbying and therefore nondeductible is 8% of \$190 (\$15.20).

The amount of 2017 Affiliate Local dues which is dedicated to lobbying and therefore nondeductible is 8% of \$190 (\$20.00).

The amount of 2017 CTR dues which is dedicated to lobbying and therefore nondeductible is 33% of \$165 (\$55.00).

CTR dues include a \$10 Issue Advocacy Assessment portion which is not deductible.

The nondeductible portion for NAR is 42% of \$120 (\$50.00).

NAR dues include a \$35 Public Awareness Campaign special assessment, which is fully deductible.

The assessment fee for both NAR (\$35) and CTR (\$10) is not subject to proration.

CTMLS Fees are payable separately from Association fees, by Credit Card or Check made out to CTMLS.  
CTMLS fees are based upon their semi-annual billing. The CTMLS billing cycle periods are May-October and November-April.



# New Haven Middlesex Association of REALTORS®, Inc

To the New Haven Middlesex Realtors®, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of **\$150.00 for a one time application fee and \$510.00\* for my Dues payable to New Haven Middlesex Realtors®**. My application fee and 2017 dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. 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. 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.

**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®.

\* Amount shown may be prorated according to month joining. I hereby submit the following information for your consideration:

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

Real Estate License #: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

Licensed/certified appraiser?:  Yes  No Appraisal License #: \_\_\_\_\_

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

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

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

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

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

Cell Phone: \_\_\_\_\_ Preferred Mailing:  Home  Office Preferred Phone:  Home  Office

Are you presently a member of any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held: \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held: \_\_\_\_\_

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?  Yes  No (If yes, provide details as an attachment.)

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: \_\_\_\_\_

**Are you a principal, partner, corporate officer or branch office manager?**  Yes  No

**If Yes, you must also complete 2<sup>nd</sup> page of this application.**

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 New Haven Middlesex Realtors® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below 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. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Optional Information): Date of Birth: \_\_\_\_\_  
Specialty: [  ] Residential [  ] Commercial [  ] Resort [  ] International [  ] Other: \_\_\_\_\_  
How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_  
Number of years engaged in the real estate business: \_\_\_\_\_

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information:     Sole Proprietor    Partnership    Corporation    LLC(Limited Liability Company)

Your position:     Principal     Partner     Corporate Officer     Branch Office Manager

Names of other Partners/Officers/ of your firm:

\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? [  ] Yes [  ] No  
If yes, state the basis for each such refusal and detail the circumstances related thereto:

\_\_\_\_\_

Is the Office Address, as stated, your principal place of business? [  ] Yes [  ] No  
If not, or if you have any branch offices, please indicate and give address:

\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? [  ] Yes [  ] No  
If so, where:

\_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

\_\_\_\_\_

Have you or you 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. If yes, provide details:

\_\_\_\_\_

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 New Haven Middlesex Realtors® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below 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. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# NEW MEMBER ORIENTATION & ETHICS FORM

## 2017 ORIENTATION SCHEDULE

All sessions are 9:00 am - 1:00 pm

### MAIN OFFICE

127 Washington Ave., West Bldg., LL  
North Haven, CT 06473

~~Thursday, Sept. 21 FULL~~

Thursday, Nov. 9

Orientation is offered for all real estate licensees and certified or licensed appraisers interested in joining our association. Upon joining, new members must attend one of the first two Orientations offered to remain in good standing. **NOTE:** Our policy states that if two consecutive orientation classes are offered and you are unable to attend either one, you will be considered an inactive member and will be temporarily removed from your office roster until an Orientation course is completed.

Submit completed form to: New Haven Middlesex Association of REALTORS®  
127 Washington Ave., West Bldg., LL  
North Haven, CT 06473  
Phone: (203) 234-7700 Fax: (203) 234-3980  
[Jackie@nhmrealtors.com](mailto:Jackie@nhmrealtors.com)

NAME: \_\_\_\_\_ R.E. LICENSE #: \_\_\_\_\_  
OFFICE NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
PREFERRED E-MAIL: \_\_\_\_\_ PREFERRED PHONE: \_\_\_\_\_

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In addition, **Code of Ethics** is mandatory for new members and must be completed within 30 days of joining. You can fulfill your Ethics requirement online through the National Association of REALTORS® (NAR) website, [www.realtor.org](http://www.realtor.org). Access codes will be provided to you by our membership coordinator.

Initial here to verify that you will complete Code of Ethics within 30 days. \_\_\_\_\_

OFFICE USE ONLY: Application Date: \_\_\_\_\_

NEW HAVEN MIDDLESEX ASSOCIATION of REALTORS®

127 Washington Ave, North Haven, CT 06473

Office Phone: (203) 234-7700 Office Fax: (203) 234-3980

## Credit Card Payment Information Form

Date: \_\_\_\_\_

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

Payment Amount: \$ \_\_\_\_\_

Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Disc \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_



# Benefits of Utilizing the Supra Electronic Lockbox System



## Security. Accountability. Feedback.

These are just a few of the features that make the Supra electronic lockbox system the BEST option available when your clients put their trust in your hands. The latest technologies available are a FOB device which pairs with your Smartphone via Bluetooth (BT), and iBoxes for storing the keys to your listings. When showing agents open an iBox BT with their assigned FOB/Smartphone, the listing agent receives notification that the property has been accessed. The showing agent is able to provide feedback through the system. Keyholders can access their inventory and assign iBoxes through the Supra EKey Smartphone App. Also available is the ActiveKey, which opens iBoxes using an infrared signal and does not require a Smartphone or Bluetooth connection.



### Pricing:

- Supra iBox BT is available for purchase at \$116.99 each.
- Supra EKey App is available for Android and iOS. A monthly service fee of \$15.50 is automatically deducted from an account placed on file.
- ActiveKeys are leased through NHMR for \$212.70/year.



To Order (Request a unique 4-Digit PIN for your device below):

|                                |            |            |
|--------------------------------|------------|------------|
| iBox BT                        | EKey App   | ActiveKey  |
| Qty: _____ Shackle Code: _____ | PIN: _____ | PIN: _____ |

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please select payment type:

\*\*Please charge my credit card: \_\_\_ AmEx \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Verification Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

(Visa & MC 3-digits/AmEx & Disc 4-digits)

Credit Card Billing Address: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*Card information will be submitted to Supra for automatic payment of monthly fee.

\*\*\*My check is enclosed. Check # \_\_\_\_\_

\*\*\*Check payment option for equipment purchase only

[Fax or email to nick@nhmrealtors.com](mailto:nick@nhmrealtors.com)

New Haven Middlesex Association of REALTORS®, 127 Washington Ave, West, LL, North Haven, CT 06473

PH: 203-234-7700 FX: 203-234-3980 Web: [www.nhmrealtors.com](http://www.nhmrealtors.com)