



AFFILIATE MEMBERSHIP APPLICATION

Name: _____ NRDS#: _____

Title: _____

Office Name: _____

Office Address: _____

Email: _____ Alt Email: _____

Website: _____ Office Phone: _____

Office Fax: _____ Cell Phone: _____

Office Specializes in: _____

Have you ever held membership in this or any other Real Estate Board? YES ☐ NO ☐

If yes, where? _____

Affiliate Membership Fee \$250

PAYMENT TYPE

CHECK AMEX VISA MC DISCOVER

Credit card #: _____ Exp: _____ Code: _____

Name on credit card: _____

Billing Address: _____

Signature: _____

Please submit your company logo (150x 113 px) to mfcar@mfcar.com

19 Imperial Avenue, Westport CT 06880 Phone: 203-227-4418 Fax: 203-226-7390 www.mfcar.com

For MFCAR office use only: AFFIL: _____ QBKS: _____ NAV: _____