



New Agent Affiliation Form

This form is to be used to affiliate an agent with a company and is a supplementary form that should be submitted with the new agent's [Membership Application](#). Please note that this form can also be used to affiliate a current/active member with a company.

Please Note - Designated REALTOR®/Participant/Office Manager signature is required.

Effective Date: _____	
New Agent Information	
First Name:	Last Name:
MI:	
License #:	Email:
Company Information	
Company Name:	Company Phone:
Address:	
City:	State:
Zip:	

By signing below, I confirm the agent listed above has become affiliated with my office and will be added to my CCIAOR and/or CCIMLS office roster. I understand it is my responsibility to notify the State of Massachusetts when a licensee has become affiliated with my office.

DR®/Participant/OM Name: _____

DR®/Participant/OM Signature: _____

