



CAPE COD & ISLANDS
ASSOCIATION of REALTORS®, INC.
& MULTIPLE LISTING SERVICE, INC.

New Agent Affiliation Form

This form is to be used to affiliate a new agent with a company. This is a supplementary form that should be submitted with the agent's membership application.

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

Please submit this affiliation form by email to support@cciaor.com or mail to:

Cape Cod and Islands Association of REALTORS®, Inc.,
Attention: Membership
22 Mid-Tech Drive
West Yarmouth, MA 02673

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: _____