

PLEASE PRINT OR TYPE



SOUTHLAND REGIONAL  
ASSOCIATION OF REALTORS®, INC.

**COPY OF REAL ESTATE  
LICENSE REQUIRED**

# REAFFILIATION

REALTOR®

RESPONSIBLE BROKER

MLS ENROLLEE

*When a Responsible REALTOR®/MLS Broker accepts the affiliation of a severed but otherwise in good standing REALTOR®/MLS member, this form must be submitted to the Association not later than 7 days of said affiliation, accompanied by the reaffiliation fee of \$25.00.*

Membership #: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Home Address of Licensee: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Real Estate License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Date of Reaffiliation: \_\_\_\_\_

The above licensee will be located at: \_\_\_\_\_

Licensee has been informed that they may subscribe to Supra eKEY service upon processing of this paperwork in accordance with the Association/MLS rules.

Licensee has been informed that their current Supra eKEY subscription may be reactivated upon processing of this paperwork in accordance with the Association/MLS rules.

Date: \_\_\_\_\_ Responsible REALTOR®/S Signature/MLS Broker: \_\_\_\_\_

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

Firm Number: \_\_\_\_\_

**FOR ASSOCIATION USE ONLY**

Code of Ethics Date: \_\_\_\_\_

Member Number: \_\_\_\_\_ Firm Number: \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$25.00 \_\_\_\_\_

Return by Fax: (818)-786-0364 and or Email: [membership@srar.com](mailto:membership@srar.com)