PLEASE PRINT

SOUTHLAND REGIONAL ASSOCIATION OF REALTORS®, INC.

AUTHORIZED SIGNATURE

Firm Name: _____ Firm #: _____

☐ Office Manager Name: _____ Member #: _____

The Office Manager will be granted full access privileges in CRMLS equivalent to those of the Broker. This access includes, but is not limited to, the ability to cancel listings and manage all agent and broker listings within the office.
Sign any and all documents pertaining to Membership, including applications, as well as MLS (Multiple Listing Services) documents including Listing Cancellation.

☐ Authorized Signature: _____

Sign any and all documents pertaining to Membership, including applications, as well as MLS (Multiple Listing Services) documents including Listing Cancellation.

_____ _____
Date

Responsible REALTOR®/Broker Signature

_____ _____
Date

Authorized Signature

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