

PLEASE PRINT



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: _____

Cell Phone: _____ Home Phone: _____

New Website: _____ Email Address: _____

Real Estate License #: _____ Exp. Date: _____ Date of Reaffiliation: _____

The above licensee will be located at a new office address: _____

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

Paid Dues

Paid MLS

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



**SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS[®], INC.**

**7232 Balboa Blvd.
Lake Balboa, CA. 91406
Office Phone: (818) 786-2110
Website: www.srar.com**

Credit Card Form

Member Name: _____ Date: _____
(First) (Last)

Member Number: _____ Firm Number: _____

Email Address: _____

MEMBERSHIP

Dues: _____ MLS Fees: _____ Reaffiliation Fee: _____
 New Member Fees: _____ Reinstatement Fee: _____

MISCELLANEOUS PAYMENTS

Payment for: _____ Amount: \$ _____

Please Charge: Visa MasterCard American Express Discover

Card Number: _____ Total \$: _____

Security Code: _____ Expiration Date: ____ / ____

C.C. Zip Code: _____ Authorized Signature: _____

Membership Email: membership@srar.com

Association Main Fax Numbers:

Accounting: (818) 779-7058 Service/Education: (818) 786-4541 Membership: (818) 786-0364
Professional Standards: (818) 779-7082 MLS: (818) 786-3640 Santa Clarita Div: (661) 299-2940