



## Request for Membership Reinstatement for Member Dropped for Non-Payment of Dues and MLS during Current Year

**- Copy of Real Estate License Required -**

I hereby request reinstatement as a REALTOR® member of the Southland Regional Association of REALTORS®, Inc. I was a member in good standing for the previous calendar year but did not pay my dues for the current calendar year. I am submitting, along with this request, the Association's normal new member application/processing fee, plus my prorated dues to the end of the current calendar year, and such other fees as may be required by the CALIFORNIA ASSOCIATION OF REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®.

I understand that all the rights and privileges of REALTOR® membership will be restored to me as of the date I submit this request to the Association.

I agree to abide by, effectively immediately, the Association's Bylaws and Rules, the Code of Ethics, and the Constitution and Bylaws of the State and National Associations.

(Resident Address)	City	Zip Code	Member (Print or Type)
(Cell Phone Number)			(Signature)
(Firm Name)			(Firm Address)
(Agent BRE License #)			(Firm Phone)
(Agent Email) _____			

**FOR ASSOCIATION USE ONLY**

Member# ..... Firm# .....

Code of Ethics Date: ..... Check# .....

Paid MLS

Paid Board

TOTAL AMOUNT	MLS FEE	SRAR	N.A.R.	C.A.R.	REINSTATEMENT FEE	C.A.R. LATE FEE	MISC.	LATE FEE

**Dues are not - Refundable**



**SOUTHLAND REGIONAL  
ASSOCIATION OF REALTORS<sup>®</sup>, INC.**

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

## Credit Card Fax Form

### 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

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: **D** Visa    **D** MasterCard    **D** American Express    **D** Discover  
(Check One)

Card Number: \_\_\_\_\_ Total\$: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

C.C. Zip Code: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_