

SANTA CRUZ COUNTY ASSOCIATION OF REALTORS®, INC.

2525 MAIN STREET, SOQUEL, CA 95073

831-464-2000 FAX 831-464-2881

<http://www.mysccar.org>



APPLICATION – AFFILIATE MEMBERSHIP

FIRM NAME: _____

ADDRESS: _____
Street City Zip Code

TELEPHONE NUMBER:() _____ FAX:() _____

REPRESENTED BY: _____
Last Name First Middle

EMAIL ADDRESS: _____ URL _____

NATURE OF BUSINESS: _____

Please list any Designations/Credentials _____

DOES APPLICANT HAVE A CALIFORNIA REAL ESTATE LICENSE OR CERTIFIED APPRAISER LICENSE? Broker _____ Salesperson _____ License# _____ Certified Appraiser License _____ Expiration date _____

I am interested in supporting the aims of the Santa Cruz County Association of REALTORS®. I hereby confirm that I have received and read the Bylaws of the Santa Cruz County Association of REALTORS®. I agree to be bound by the Association By laws, and the use of the Affiliate logo in advertising and acknowledge that my rights and privileges shall be granted subject to obligations prescribed by the Board of Directors.

Date of Application

Signature of Applicant

The Santa Cruz County Association of REALTORS® is authorized to contact the following people who are familiar with my qualifications for membership.

Name	Address	Phone

As a service to our members you may receive the Brokers Open House Tour by request and it will be faxed or emailed to you directly.

For office use only
Paid by Ck ___ CC ___ Cash ___ Amount _____
Date _____