

## MEMBER INFORMATION

Licensed as:  Broker  Salesperson Gender:  Male  Female Date of Birth \_\_\_\_\_

CalBRE License # \_\_\_\_\_ Expires \_\_\_\_\_ Current Member # \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ Contact Ph (Agent phone for MLS) \_\_\_\_\_

SDAR E-mail \_\_\_\_\_ Web Address \_\_\_\_\_

SDAR e-mail is for internal use (SDAR and MLS only) and will not be transmitted to NAR

NAR / C.A.R. E-mail \_\_\_\_\_

Enter e-mail that will be transmitted to NAR

SentriCard Serial # \_\_\_\_\_ PIN # \_\_\_\_\_ Password \_\_\_\_\_

(6 - 10 characters)

Scout Password \_\_\_\_\_ Security Questions: Yr of Birth \_\_\_\_\_ Mother's Middle Name \_\_\_\_\_ City of Birth \_\_\_\_\_

(8 to 12 characters, at least 1 number, no special characters)

Listings to Transfer?  YES  NO

Lockbox Transfer?  YES  NO

SentriLock Fees Paid?  YES  NO

Have you paid annual dues at another association?  Yes  No If yes, association name: \_\_\_\_\_

Preferred Mailing Address  Office  Home Preferred Billing/Communication Medium:  E-mail  Fax  Mail

Preferred Fax Number  Office  Personal Other Preferences:  Allow Home Phone on Roster  Allow Home Address on Roster

I wish to sign up for Auto-Debit for billing purposes  Yes  No (If yes, complete payment information below in full)

## FIRM INFORMATION

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

(Not to exceed 30 characters including spaces)

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Firm Phone \_\_\_\_\_ Fax \_\_\_\_\_

How did you hear about SDAR?  Broker  SDAR Welcome Letter  Agent  Website / Internet  Other \_\_\_\_\_

If you were referred by a current SDAR member, please list name: \_\_\_\_\_

I certify that I have read and agree to the **Terms and Conditions of Membership** (SEE BACK SIDE) and that all information provided here is true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(If applicant is Broker of Record, sign below)

Signature of Broker of Record \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT INFORMATION**  Visa  MasterCard  Discover  AmEx Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Questions? Please contact Member Services

Mail: 4845 Ronson Court, San Diego, CA 92111 | Phone: (858) 715-8040 | Email: [membership@sdar.com](mailto:membership@sdar.com) | Fax: (858) 715-8088

Express App (•Sep172018•)

## Terms and Conditions of Membership

I agree to abide by the bylaws, policies and rules of the Greater San Diego Association of REALTORS®, the National Association of REALTORS® and the California Association of REALTORS® as they apply to the category of membership for which I am applying, and as may be amended from time to time, as well as the REALTOR® Code of Ethics.

**Orientation:** I understand I must attend an Orientation within 60 days of applying for REALTOR® membership. Failure to do so could result in the termination of all MLS privileges and fees forfeited. \_\_\_\_\_ **(please initial)**

**Non Refundable:** I understand that my REALTOR® membership dues are non-refundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues or fees. \_\_\_\_\_ **(please initial)**

**REALTOR® Members:** REALTOR® members shall have no record of official sanctions rendered by the courts or other lawful authorities for (i) violations for civil rights laws or real estate license laws within the past three years or (ii) criminal convictions if (1) the crime was punishable by death or imprisonment in excess of one year under the law under which the applicant was convicted and (2) no more than ten years have elapsed since the date of the conviction or the release of the applicant from the confinement imposed for that conviction, which ever is the later date.” SDAR Bylaws Article V: Section 2.C.

**Permission to communicate:** I expressly authorize the Association, including the State and National associations and San Diego’s regional MLS to fax, e-mail, telephone or send by mail any material advertising benefits, dues, courses, notices and goods and services offered, endorsed or promoted by the Association. Withholding consent will affect your ability to receive other communications pertaining to your Association Membership. Please be advised that SDAR does not sell or rent the e-mail address of its members to any other organization. \_\_\_\_\_ **(please initial)**

**REALTOR® and MLS applicants Arbitration Agreement:** A condition of membership in the Association as a REALTOR® and Participant in the MLS is that you agree to binding arbitrations of disputes. As a REALTOR® including Designated REALTOR®, or REALTOR® Associate member, you agree for yourself and the corporation or firm for which you act as a partner, officer, principal or branch office manager to binding arbitration of disputes with (i) other REALTORS® or REALTOR® Associate members of this Association; (ii) with any member of the California or National Association of REALTORS® and (iii) any client provided the client agrees to binding arbitration at the Association.