

Santa Cruz County Association of REALTORS® Affiliate Membership Application

Full name of firm representative:	Firm Name:			
Street City Zip Code Phone:() Fax (if applicable):() Full name of firm representative: Last First Middle Email address: Website: Preferred Method of Contact: Email Address: if address is different from above, please enter it below) Address: Street City Zip Code Primary Field of Business: Please list any Designations/Credentials Do you have a California Real Estate or Certified Appraiser license? Broker Salesperson License# Exp. Date: Certified Appraiser License Exp. Date: If am interested in supporting the goals 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 As a service to our members you may receive the Virtual Tour sheet by request and it will be emailed to you directly. Please send your request to: kclark@mysccar.org FOR OFFICE USE ONLY Firm ID#: Member ID#: Paid by: Check Credit Card Cash \$Amount	Address:			
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Website: Preferred Method of Contact: Email Address: (if address is different from above, please enter it below) Address: Street	Phone:()_	Fa	x (if applicable):()	
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Please list any Designations/Credentials	Address:		City	Zip Code
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Date:	Paid by: Checl	k Credit Card	Cash \$Amo	ount
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