



Santa Cruz County Association of REALTORS®  
Affiliate Membership Application

**Firm Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
*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: \_\_\_\_\_

**I 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*

Questions? Need more information? Please contact Karen Kirwan, Member Services Director at 831-464-2000 or [kkirwan@mysccar.org](mailto:kkirwan@mysccar.org).

**FOR OFFICE USE ONLY**

Firm ID#: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Paid by: Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ \$Amount \_\_\_\_\_

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