



Fax to: (858) 715-8090

# Express Membership Application

To process application, please fill out completely.

## INFORMATION ABOUT YOU

Licensed as: ☐ Broker ☐ Salesperson Gender: ☐ Male ☐ Female Date of Birth \_\_\_\_\_  
DRE License # \_\_\_\_\_ Expires \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ Contact Ph (Agent phone for MLS) \_\_\_\_\_  
Association E-mail \_\_\_\_\_ Web Address \_\_\_\_\_  
Association e-mail is for internal use (SDAR and MLS only) and will not be transmitted to NAR

## FIRM INFORMATION\*

Firm Name \_\_\_\_\_  
Not to exceed 30 characters including spaces  
Street Address \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Firm Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Yes No  
☐ ☐ **Transferring** from another Association of REALTORS®. Name of association transferring from \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is Broker of Record, sign below)

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

**\*SDAR will contact you if additional information is required.**

## Application fees and dues are non-refundable

### NEW APPLICANTS

SDAR Application Fee	\$65
C.A.R. Application Fee	\$30
SDAR Orientation Fee	\$25
SDAR Dues	\$99 _____
C.A.R. Dues	\$135 _____
NAR Dues	\$115 _____
Total	_____

### TRANSFEREES

SDAR Application Fee	Waived
C.A.R. Application Fee	Waived
SDAR Orientation Fee	Waived
SDAR Dues	\$99 _____
C.A.R. Dues	\$135 _____
NAR Dues	\$115 _____
Total	_____

### Total fees to submit:

SDAR Application Fee	\$ _____
C.A.R. Application Fee	\$ _____
Orientation Fee	\$ _____
Annual dues	\$ _____ (pro-rate if applicable)**
Total	\$ _____

### Total fees good through 12-31-09

\*\*If prorated amount is not inserted please call the Member Service Department at (858) 715-8040 for correct amount. Students need proof of registration.

### Fees can be charged to:

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Card # \_\_\_\_\_

Amount to be charged \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

### Return to Member Services

4845 Ronson Court, San Diego, CA 92111  
Phone: (858) 715-8040 • Fax: (858) 715-8090

