



EXPRESS Membership Application

Fax: (858) 300-9947

Email: Membership@SDAR.com

INFORMATION ABOUT YOU

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) _____

Association E-mail _____ Web Address _____

Association 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

Listings to Transfer? ☐ YES ☐ NO

Lockbox Transfer? ☐ YES ☐ NO

SentriLock Fees Paid? ☐ YES ☐ NO

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 7 letters and 1 number, no special characters)

Have you paid your 2014 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

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 ☐ Fellow agent ☐ Website / Internet ☐ Other _____

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

Signature of Applicant _____ Date _____

(If applicant is Broker of Record, sign below)

Signature of Broker of Record _____ Date _____

Application fees and dues are non-refundable. Total fees valid through 12-31-2014. (MLS & SentriLock fees not included.)

SECONDARY

SDAR Application Fee Waived

C.A.R. Application Fee N/A

SDAR Orientation Fee N/A

SDAR Dues Waived

C.A.R. Dues N/A

NAR Dues N/A

Total _____

TRANSFEREES

***Fees Waived for Active REALTORS®**

SDAR Application Fee Waived

C.A.R. Application Fee \$30*

SDAR Orientation Fee Waived

SDAR Dues \$109*

C.A.R. Dues \$184*

NAR Dues \$155*

Total _____

*** PRORATED MONTHLY**

2014 C.A.R. Dues Paid? ☐ YES ☐ NO

2014 NAR Dues Paid? ☐ YES ☐ NO

FEES CAN BE CHARGED TO:

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Name on Card: _____

Card #: _____

Expiration date: _____

Amount to be charged _____

Signature _____

Return to Member Services

4845 Ronson Court, San Diego, CA 92111

Phone: (858) 715-8040 ■ Fax: (858) 300-9947

