



SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS®, INC.

Request for Membership Reinstatement
for Member Dropped for Non-Payment of
Dues during Current Year

- Copy of Real Estate License Required -

I hereby request reinstatement as a REALTOR® member of the Southland Regional Association of REALTORS®, Inc. I was a member in good standing for the previous calendar year, but did not pay my dues for the current calendar year. I am submitting, along with this request, the Association's normal new member application/processing fee, plus my prorated dues to the end of the current calendar year, and such other fees as may be required by the CALIFORNIA ASSOCIATION OF REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®.

I understand that all of the rights and privileges of REALTOR® membership will be restored to me as of the date I submit this request to the Association.

I agree to abide by, effectively immediately, the Association's Bylaws and Rules, the Code of Ethics, and the Constitution and Bylaws of the State and National Associations.

(Resident Address) City Zip Code Name (Print or Type)
(Cell) (Signature)
(Firm Name) (New Address)
(Agent BRE License #) (Firm Address and Phone)
(Agent Email)

FOR ASSOCIATION USE ONLY

Member # Firm #
Bank ABA # Check #

Table with 9 columns: TOTAL AMOUNT, MLS FEE, SRAR, N.A.R., C.A.R., REINSTATEMENT FEE, C.A.R. LATE FEE, MISC., LATE FEE

Dues are not - Refundable



SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS®, INC.

7232 Balboa Blvd.
Lake Balboa, CA 91406
Office Phone: (818) 786-2110
Website: www.srar.com

Credit Card Fax Form

Association Main Fax Numbers:

Accounting: (818) 779-7058

MLS: (818) 786-3640

Membership (818) 786-0364

Print Shop: (818) 786-0404

Professional Standards: (818) 786-4541

Santa Clarita Div: (661) 299-2940

Member Name: _____ Date: _____
(First) (Last)

Member Number: _____ Firm Number: _____

E-Mail Address: _____

MEMBERSHIP

Dues: \$ _____ MLS Fees: \$ _____ Reaffiliation Fee: \$ _____

Cooperating Key Fee: \$ _____ New Member Fees: \$ _____ Late Fee: \$ _____

MISCELLANEOUS PAYMENTS

Payment for: _____ Amount \$: _____

MLS LISTING FEES

CRIS LISTING INPUT/ CHANGES – Check Listing Type

- | | | | |
|---|------|---|------|
| <input type="checkbox"/> Residential | \$50 | <input type="checkbox"/> Land | \$50 |
| <input type="checkbox"/> Commerical | \$50 | <input type="checkbox"/> Rental | \$50 |
| <input type="checkbox"/> Commerical Lease | \$50 | <input type="checkbox"/> Business | \$50 |
| <input type="checkbox"/> Mobile Home | \$50 | <input type="checkbox"/> BOM w/Changes | \$6 |
| <input type="checkbox"/> Residential Income | \$50 | <input type="checkbox"/> Changes to Listing | \$6 |

RECIPROCAL LISTING INPUT/ CHANGES – (DESERT AREA/SANDICOR)

- Recip. Listing \$50 Recip. Listing Change \$5

Please Charge: Visa MasterCard American Express Discover
(Check one)

Card Number _____ Security Code _____

Total \$ _____ Expiration Date: _____ Authorized Signature _____