Southland Regional Association of REALTORS®

Limited Function Referral Office (LFRO) Certification Form

($25 Processing Fee for each licensee)

To Designated REALTORS®: Please complete the following and return to the association office.

In accordance with Article IX, Section 2, of the association's bylaws, this will certify that the undersigned Designated REALTOR® (or his firm) has a direct or indirect ownership interest in an entity engaged exclusively in soliciting and/or referring clients and customers to the REALTOR® for consideration on a substantially exclusive basis and are not participants or subscribers in any Multiple Listing Service ("MLS").

This will also certify that all the licensees affiliated with that entity (list provided below) are solely engaged in referring clients and customers and are not engaged in listing, selling, leasing, renting, managing, counseling, appraising, or arranging financing for real property and are not participants or subscribers in any MLS.

(Please include the agent(s) name and license#)

_____

_____

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The exemption for any licensee included on the certification form shall automatically be revoked upon the individual being engaged in real estate licensed activities (listing, selling, leasing, renting, managing, counseling, appraising, or arranging financing for real property) other than referrals or upon their joining an MLS, **and dues for the current fiscal year shall be payable.**

Certified by Designated REALTOR®: _____   Date_____
                                         (First and Last name)

Signature of Designated REALTOR®/Authorized Signer: _____

Name of Brokerage _____

Name of LFRO Entity_____

Phone_____   Email_____

SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS®, INC.

Credit Card Fax Form

Association Main Fax Numbers:
Accounting: (818) 779-7058   Service/Education: (818) 786-4541   Membership: (818) 786-0364
Professional Standards: (818) 779-7082   MLS: (818) 786-3640   Santa Clarita Div: (661) 299-2940

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

Member Number: _____ Firm Number: _____

Email Address: _____

MEMBERSHIP

Dues: $ _____   MLS Fee: $ _____   New Member Fee: $ _____

Reaffiliation Fee: $ _____   LFRO Fee: $ _____   Reinstatement Fee: $ _____

MISCELLANEOUS PAYMENTS

Payment for: _____   Amount: $ _____

Please Charge: ☐ Visa   ☐ MasterCard   ☐ American Express   ☐ Discover
(Check One)

Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __   Total $: _____

Security Code: __ __ __ __   Expiration Date: __ __ / __ __

C.C. Zip Code: _____   Authorized Signature: _____