

PERSONAL INFORMATION

NAME: _____

BRE#:

ADDRESS: _____

NRDS#:

PHONE #: () -

CIRCLE ONE:
CELL OR HOME

EMAIL: _____

OFFICE INFORMATION

OFFICE NAME: _____

BROKER CODE: _____

OFFICE ADDRESS: _____

OFFICE PHONE #: _____

REINSTATEMENT INFORMATION

Date you left SAMCAR: _____ Reason you left SAMCAR: _____

Have you been a member of another Association since you left SAMCAR?: yes or no

If so, which Association(s) and from what dates?: _____

REINSTATEMENT FEE PAYMENT

Payable by either check, Visa or Mastercard, please.

Initiation fee: \$ _____ Association dues: \$ _____ Key deposit: \$ _____ Key Lease fee: \$ _____

CREDIT CARD #:

GRAND TOTAL: \$

EXP. DATE:

3 DIGIT SECURITY CODE: (ON BACK OF CARD)

ZIP CODE:

CARD HOLDER SIGNATURE: _____

CERTIFICATION

I hereby certify that I have reviewed the answers to all the questions in this application and to the best of my knowledge find such answers to be truthful and complete. I agree to abide by the Code of Ethics, Association Bylaws and the rules and regulations of the Multiple Listing Service, and to pay fees and dues required.

AGENT SIGNATURE: Signature Required

DATE SIGNED: _____

BROKER SIGNATURE: Signature Required

DATE SIGNED: _____

OFFICE USE ONLY

Paid Fees: _____ MMSI: _____ PRDS notified: _____

Prior termination date: _____ DRE Confirmation date: _____ Member in Good Standing: yes or no