

Santa Cruz County Association of REALTORS®
2020 Annual License Certification Form

SCCAR bylaws require an annual certification form on file for all members. Please complete the form with the information requested. Member signature is required. Failure to return the Annual Licensee Certification Form may result in the temporary suspension of your member services, including zipForm® and key service (if applicable).
Thank you in advance for your cooperation.

PLEASE COMPLETE THE INFORMATION REQUESTED

DUE DATE: September 1, 2020

Date: _____

Member Name: _____ NRDS#: _____

Company Name: _____

Company Address: _____
Street, Address, City & Zip Code

Home Address: _____
Street, Address, City & Zip Code

Preferred Mailing Address: Home Office << PLEASE CHOOSE ONLY ONE

Preferred Contact Method Mail Email **Annual dues and key billing notices will be sent to your selected preferred contact method.**

Office Phone: _____ Cell #: _____

Email: _____

DRE License Number: _____ License Exp. Date: _____

> What other MLS's do you utilize?

BAREIS BayEast/CCAR/BridgeMLS Metrolist SFAR MLS CRMLS other: _____

> For MLS Listings, Inc., what is your payment schedule? Quarterly Semiannual Annual

Optional*: I identify my ethnicity as: Asian Black/African White Hispanic/Latino Native American

Pacific Islander Prefer not to answer Other: _____

(*this information is for SCCAR internal use only)

PLEASE SIGN THE COMPLETED FORM AND RETURN TO SCCAR

Form may be sent via email to kclark@mysccar.org, mailed to
2525 Main St., Soquel, CA 95073 or faxed to 831-464-2881.

Member Signature _____

By signing above, I confirm that the information provided is true and correct.