



Santa Cruz County Board of REALTORS®

BEST PREPARED REALTOR® WITH THE HIGHEST STANDARDS



DESIGNATED FIRM AFFILIATE

This person is the primary contact and recipient of benefits and communications in regards to the firm's membership.

QUALIFICATION FOR DESIGNATED FIRM AFFILIATE

Owners, principals or managers of a firm who, while not engaged in real estate sales, have vested interests concerning real estate and are in sympathy with the objectives of the Santa Cruz County Board of REALTORS. Designated Firm Affiliates may be substituted to another qualified individual by submitting the change in writing on company letterhead.

REQUIREMENT FOR HONORARY DESIGNATED FIRM AFFILIATE

You must sponsor (or teach) at least two (2) SCCBR Educational classes and/or an event in a calendar year.

Application Fee	Full Year	2nd Quarter	3rd Quarter	4th Quarter
\$ 35.00	\$ 216.00	\$ 162.00	\$ 108.00	\$ 54.00

ASSOCIATE FIRM AFFILIATE

Once a Designated Member is registered with the Association other employees of the firm interested in receiving membership benefits may enroll as Associate Members.

QUALIFICATION FOR DESIGNATED FIRM AFFILIATE

Individuals working for the same firm as the Designated Firm Affiliate.

The designated firm Affiliate must approve all Associates by signing the application. Associate Firm Affiliate Memberships are not transferable to other persons or to other offices.

REQUIREMENT FOR HONORARY ASSOCIATE FIRM AFFILIATE

Join and participate in a committee, attend committee's meetings & help with events.

Application Fee	Full Year	2nd Quarter	3rd Quarter	4th Quarter
\$ 35.00	\$ 50.00	\$ 37.50	\$ 25.00	\$ 12.50

RESOURCE AFFILIATE

Individual membership designates one primary person as the member of the association. this person is the recipient of benefits and communications in regards to the company's membership. Individual membership is not transferable to other persons or to other offices.

Application Fee	Full Year	2nd Quarter	3rd Quarter	4th Quarter
\$ 35.00	\$ 100.00	\$ 75.00	\$ 50.00	\$ 25.00



MEMBERSHIP APPLICATION

To process your application for membership as quickly as possible, please complete the entire membership application and submit with payment to SCCBR.

1. CATEGORY OF MEMBERSHIP

Designated Firm Affiliate Associate Firm Affiliate Resource Affiliate

2. MEMBER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ City: _____ State/Zip: _____

Primary Contact Phone _____ This is your: Firm Cell Pager Home

Secondary Contact Phone: _____ This is your: Firm Cell Pager Home

Personal Fax: _____ Personal E-mail: _____

Personal website: _____ Date of Birth: _____

Professional Designations (if applicable) _____

Are you involved in any community activities?

3. FIRM INFORMATION

Firm Name: _____

Street Address: _____ Suite# _____ City: _____ State/Zip: _____

Mailing Address: _____ Suite# _____ City: _____ State/Zip: _____

Firm Main Phone: _____ Fax#: _____ Website: _____

Member Direct Phone: _____ Work E-mail: _____

4. PREFERENCES

Preferred Mailing Address: Home Work
Preferred E-mail Address: Home Work
Preferred Fax Number: Home Work

I hereby authorize SCCBR to mail, fax, and e-mail communications to my preferred addresses and numbers as designated here.

_____ Signature

5. FIRM LISTING CATEGORY

Please check the appropriate box(s).

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Engineering | <input type="checkbox"/> Legal | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Flooring | <input type="checkbox"/> Key/Lockbox | <input type="checkbox"/> Pools |
| <input type="checkbox"/> Appliance | <input type="checkbox"/> Gifts | <input type="checkbox"/> Masonry | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Marketing | <input type="checkbox"/> Septic |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Health | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Signs/Posts |
| <input type="checkbox"/> Builders | <input type="checkbox"/> Home Warranty | <input type="checkbox"/> Moving Co. | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Computer/Web | <input type="checkbox"/> Inspection | <input type="checkbox"/> Notary | <input type="checkbox"/> Tire Service |
| <input type="checkbox"/> Education | <input type="checkbox"/> Insurance | <input type="checkbox"/> Painting Services | <input type="checkbox"/> Virtual Tours |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Wireless Service |
| <input type="checkbox"/> Escrow | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Photography | <input type="checkbox"/> Other _____ |

6. NO REFUND: I understand that my dues/fees are non-refundable. In the event that I fail to maintain eligibility for membership for any reason under the Association Bylaw, including but not limited to discipline by the Association, I understand I will not be entitled to a any refund.

_____Initials

7. ASSOCIATION BYLAWS: I understand that the above statements are in addition to the SCCBR Bylaws, to which I have also agreed. Violations of Association Bylaws may result in discipline, fines, and ultimate termination of membership.

_____Initials

8. YOU HEREBY ACKNOWLEDGE receipt of the following documents that you received by either email, internet download, fax, or handed to you upon signing up at our location.

Code of Ethics _____Initials Bylaws _____Initials Rules & Regs _____Initials

9. CONDITIONS OF MEMBERSHIP

Prior to approval, applicant's name is published on the SCCBR's website for review by current members. After publication, applicant's name is submitted for approval to the Board of Directors. Once approved, applicant agrees to abide by the principles established by the Constitution. Bylaws and Regulations of the Santa Cruz County Board of REALTORS and Santa Cruz County Multiple Listing Service. And, agree to the Bylaws, as from time to time amended, including but not limited to all of the above.

Applicant attests **NOT** to be actively engaged in the sale or brokering of real estate. Signature below signifies agreement to the conditions of membership & certifies that the information given in this application is true and correct.

Signature of applicant: _____ Date: _____

Designated Firm Affiliate: _____ Date: _____

Total amount for application fee (\$35.00) and prorated annual membership dues: _____