San Mateo County Association of REALTORS®

REINSTATEMENT APPLICATION

FAX TO: (650) 342-7509

Personal Information

NAME: _____ DRE#: _____

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