

RETURNING MEMBER APPLICATION

2021



Please read the application carefully and complete all applicable sections.

Please include the following:

- 1 Application Form
- 2 SAR Dues/MLS Fees

PERSONAL

First Name: _____ Last Name: _____
Cell Phone: _____ Other Phone: _____
Email address: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____
Physical Address: _____
Town: _____ State: _____ Zip Code: _____
Website: _____

COMPANY

Office Name: _____
Office Mailing Address: _____
Town: _____ State: _____ Zip Code: _____
Office Physical Address: _____
Town: _____ State: _____ Zip Code: _____
Office Phone: _____ Office Fax: _____

Please return this application to Mikel Traweek, Membership Director at
Mikel@SARSummit.com or at the Summit REALTORS® Offices.

Welcome back and do not hesitate to contact us with any questions!



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This is to be signed by your Employing Broker. IF your Employing Broker is NOT a member of SAR or a Participant in the Summit MLS, the Designated REALTOR® for the office must also sign below.

I hereby certify that the applicant for membership in the Summit REALTORS® named below is licensed as a "Broker Associate" under my Broker's License, at the address listed below.

Applicant's Name: _____

Real Estate License #: _____

Firm Name: _____

Firm Physical Address: _____

of Licensed brokers in the Firm: _____

of Admin in the Firm: _____

Employing Broker's Name: _____

Employing Broker's Signature: _____ Date: _____

Is Employing Broker is a Member of SAR or a Participant of Summit MLS? Yes No

IF NOT, Designated REALTOR® for the office must ALSO sign below.

Designated REALTOR® Name: _____

Designated REALTOR® Signature: _____ Date: _____



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FEES AND PAYMENTS

\$720.00, payable to Summit REALTORS®.

\$50.00 x _____ # of months inactive, payable to Summit MLS, Inc.

Please note– If you are returning to Summit REALTORS®/ MLS and plan on starting a new office, the fee is

\$600.00 – Summit REALTORS®

\$600.00 – Summit MLS, Inc.

I would like to Pay by:

By Check, payable to Summit REALTORS® and/or Summit MLS, Inc.

OR By Credit Card - Please fill out below CC Authorization Form

CREDIT CARD AUTHORIZATION

Name as it appears on the Credit Card: _____

Company Name: _____

Phone: _____

Credit Card Billing Address: _____

Town: _____ State: _____ Zip Code: _____

Credit Card Type: Amex Discover Master Card Visa

Credit Card #: _____

Expiration Date: _____ Security Code: _____

I authorize Summit REALTORS® to charge my American Express, Discover, Master Card or Visa for the following selected charges:

Dues \$720.00

Separate Transaction:

MLS Fees \$ _____

Signature: _____ Date: _____

{Once Payments are run, this form is destroyed for your protection.}

THANK YOU!

