

RETURNING MEMBER

2022



Please read the application carefully and complete all applicable sections.

Please include the following:

- 1 Application Form
- 2 SAR Dues/MLS Fees
- 3 New Member MLS Training Requirement completion certificate, see page 2 for link

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@sarsummit.com at or at the Summit REALTORS® Offices.

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



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MLS TRAINING REQUIREMENT:

Any applicant for MLS participation and any licensee, (including licensed or certified appraisers) affiliated with the MLS Participant who has access to and use of MLS-generated information shall complete an orientation program of no more than eight (8) classroom hours devoted to MLS rules and regulations and computer training related to MLS information entry and retrieval and operation of the MLS prior to being granted access to the MLS.

Please use the following link to access and complete this requirement prior to being granted access to the MLS systems.

<https://Summitrealtors.digitalchalk.com/learn/2022-new-member-mls-training-free-offering>

Please read the application carefully and complete all applicable sections.

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

Please read the application carefully and complete all applicable sections.

\$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.}

