

## Broker/Firm Membership Application

(Please type or print; complete all applicable spaces)

Firm Name: (as on license)	
Firm/Broker's Mailing Address:	
City:	State:Zip:
Firm Phone:	Firm Fax:
Principal/Managing Broker's Name:	
Principal/Managing Broker's Lic. #:	
	Broker's Fax:
Broker's Email Address:	
Broker's Primary Association:	
Primary or Secondary (circle one) membership I authorize the South Central Association of RE and I agree that any information and comment f	_, Principal/Managing Broker for the above referenced firm, hereby apply for in the South Central Association of REALTORS <sup>®</sup> . EALTORS <sup>®</sup> , to invite and receive information and comment about this Firm, furnished to the Association by any Member or other person in response to to be privileged and not form the basis of any action by me for slander, liable
complaint or arbitration request pending, the Board of he/she will submit to pending ethics or arbitration pro- is expelled from membership without having complied	quently resigns or is expelled from membership in the Association with an ethics of Directors may condition renewal of membership upon applicant's verification that occeding and will abide by the decision of the Hearing Panel; or, if applicant resigns or d with an award in arbitration, the Board of Directors may condition the renewal on we previously been established as fee and payable in relation thereto, provided that the otherwise satisfied.
South Central Association of REALTORS uses 113 N. Virginia Street, Farmville, to obtain/set u	SentriLock keys and lockboxes. Please visit the SCAR office at p key services and/or pickup lockboxes.
applying in the middle of a billing cycle, which time application fee of \$300. MLS fees are in association dues are \$100. The application of the a	e SCAR office to obtain the total amount due. You may be ch some dues and/or fees will then be pro-rated. There is a one voiced quarterly at \$125. SCAR annual primary or secondary can be emailed instead to: scar_ae@embarqmail.com. Once the ade using the online payment link in the emailed invoice.
Enclosed (if applying by regular postal mail) is r	my check made payable to: SCAR, in the amount of \$
I confirm that I have read and understand this approximation my knowledge.	plication and that all the information provided is true and correct to the best of
Broker's Signature:	Date://
Date Received by SCAR:/ Pro	cessed by:



South Central Association of REALTORS<sup>®</sup> P.O. Box 302, Farmville, VA 23901 Phone: (434) 392-9995

Email: scar\_ae@embarqmail.com
http://www.usamls.net/southcentral/