

## Santa Cruz County Association of REALTORS® 2020 Annual License Certification Form

SCCAR bylaws require an annual certification form on file for all members. Please complete the form with the information requested. Member signature is required. Failure to return the Annual Licensee Certification Form may result in the temporary suspension of your member services, including zipForm® and key service (if applicable). **Thank you in advance for your cooperation.**

**PLEASE COMPLETE THE INFORMATION REQUESTED**

**DUE DATE: September 1, 2020**

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ NRDS#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street, Address, City & Zip Code

Home Address: \_\_\_\_\_  
Street, Address, City & Zip Code

Preferred Mailing Address: Home  Office  << PLEASE CHOOSE ONLY ONE

Preferred Contact Method Mail  Email  **Annual dues and key billing notices will be sent to your selected preferred contact method.**

Office Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

DRE License Number: \_\_\_\_\_ License Exp. Date: \_\_\_\_\_

> What other MLS's do you utilize?  
 BAREIS  BayEast/CCAR/BridgeMLS  Metrolist  SFAR MLS  CRMLS  other: \_\_\_\_\_  
 > For MLS Listings, Inc., what is your payment schedule?  Quarterly  Semiannual  Annual

Optional\*: I identify my ethnicity as:  Asian  Black/African  White  Hispanic/Latino  Native American  
 Pacific Islander  Prefer not to answer  Other: \_\_\_\_\_  
 (\*this information is for SCCAR internal use only)

**PLEASE SIGN THE COMPLETED FORM AND RETURN TO SCCAR**  
 Form may be sent via email to [kclark@mysccar.org](mailto:kclark@mysccar.org), mailed to  
 2525 Main St., Soquel, CA 95073 or faxed to 831-464-2881.

Member Signature \_\_\_\_\_

By signing above, I confirm that the information provided is true and correct.