

Santa Cruz County Association of REALTORS® 2021 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 15, 2021

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/invoices will be sent to your selected preferred contact method.**

Office Phone: _____ Cell #: _____

Email: _____

DRE License Number: _____ License Exp. Date: _____

Optional

In an effort to discover the diversity of our membership to ensure an inclusive environment, SCCAR is requesting the information below. The information will be used for SCCAR internal purposes only to help us meet that goal.

I identify my ethnicity as (select all that apply): Asian Black/African White Hispanic/Latino
 Native American Pacific Islander Prefer not to answer Other: _____

PLEASE SIGN THE COMPLETED FORM AND RETURN TO SCCAR

Form may be sent via email to kkirwan@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.