

Santa Cruz County Association of REALTORS® 2024 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). ***We appreciate your cooperation and thank you in advance.***

PLEASE COMPLETE THE INFORMATION REQUESTED

DUE DATE: October 22, 2024

Date: _____

Member Name: _____ Member ID/NRDS#: _____

Home Address: _____
Street, Address, City & Zip Code

Company Name: _____

Company Address: _____
Street, Address, City & Zip Code

Preferred Mailing Address: Home Office *Other **PLEASE CHOOSE ONLY ONE**

*If you selected other, please enter that address here.

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

Home Phone: _____ Mobile Phone: _____

Email: _____

DRE License Number: _____ License Exp. Date: _____

Optional:

In an effort to understand the diversity of our membership, SCCAR is requesting the information below. The information will be used for SCCAR internal purposes. I identify my ethnicity as (select all that apply):

- Asian Black/African Native American Pacific Islander Middle Eastern South American
 White European Scandinavian Mediterranean Hispanic/Latino
 Other: _____

PLEASE SIGN THE COMPLETED FORM AND RETURN TO SCCAR

Form may be sent via email to kkirwan@mysccar.org or mailed to
2525 Main St., Soquel, CA 95073.

Member Signature _____

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