

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 Phone:	Broker's Fax:		
Broker's Email Address:			
Broker's Primary Association:			

I, _____, Principal/Managing Broker for the above referenced firm, hereby apply for Primary or Secondary (circle one) membership in the South Central Association of REALTORS[®].

I authorize the South Central Association of REALTORS[®], to invite and receive information and comment about this Firm, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such inquiry shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, liable or defamation of character.

NOTE: Applicant acknowledges that if he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or, if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition the renewal on his/her payment of the award, plus any costs that have previously been established as fee and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

South Central Association of REALTORS uses SentriLock keys and lockboxes. Please visit the SCAR office at 113 N. Virginia Street, Farmville, to obtain/set up key services and/or pickup lockboxes.

*If you mail the application in, please call the SCAR office to obtain the total amount due. You may be applying in the middle of a billing cycle, which some dues and/or fees will then be pro-rated. There is a one time application fee of \$300. MLS fees are invoiced quarterly at \$125. SCAR annual primary or secondary association dues are \$100. The application can be emailed instead to: scar_ae@embarqmail.com. Once the application is processed, payment can be made using the online payment link in the emailed invoice.

Enclosed (if applying by regular postal mail) is my check made payable to: SCAR, in the amount of \$ ______.

I confirm that I have read and understand this application and that all the information provided is true and correct to the best of my knowledge.

Broker's Signature: _____ Date: __/__/___

Date Received by SCAR: / / Processed by: _____



South Central Association of REALTORS[®] P.O. Box 302, Farmville, VA 23901 Phone: (434) 392-9995 Email: scar_ae@embarqmail.com http://www.usamls.net/southcentral/