



SAN FRANCISCO ASSOCIATION of REALTORS®

REINSTATEMENT AND/OR CHANGE OF OFFICE/ADDRESS

Name: _____ Member ID: _____

Check Change Request (Required):

IF YOU ARE A BROKER:

- Reinstating Membership
- Update Office Information

IF YOU ARE AN AGENT:

- Changing Offices/Brokers
- Reinstating Membership
- Office Branch Move

Please input updated information below:

Office Name: _____

Office Address: _____

Personal Account Information:

Home Address: _____

- Please check if you prefer your SFAR mail be sent to your Home Address

Home Phone: _____ Preferred Phone: _____

Email Address: _____ URL: _____

**Please provide email address for a confirmation email to be sent once processed.

- Please check if you prefer your SFAR mail be sent to your Email Address

DRE License Number: _____ Expiration Date: _____

I certify that the licensee listed above is associated with me and further certify that I am empowered to bind this agent to arbitrate disputes with other members of the San Francisco Association of Realtors® or members of any association of REALTORS'® arbitration procedures and hereby agree to do so. Further, I understand that if during his/her period of affiliation with me this licensee fails to maintain membership in the San Francisco Association of Realtors®, my annual dues will be increased by an amount determined annually by the board of directors of the San Francisco Association of Realtors®.

Signature (Required) _____ Date: _____

Return Change of Office form to Membership@sfbrokers.com

Credit Card Authorization Form

I authorize the San Francisco Association of REALTORS® to charge the following credit card:

MasterCard VISA We do not accept any other credit card type.

Credit Card Number :

Expiration Date: /

Amount: \$_____ (Minimum \$10)

Name: _____

Contact Number: _____

Signature/Date: _____
(signature) (date)

RETURNING THIS FORM

To return this form electronically, click the "Signature/Date" field above and create a digital ID (date will auto-complete). Then **Save** and **Email** the completed form to: membership@sfrealtors.com.

To return this completed form by fax, fill it out completely and then print it. **Sign** and **Date** the bottom line and then fax the completed, signed, document to 415-553-3968.