



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®.

Broker Signature (Required): _____ Date: _____

Return Change of Office form to Membership@sfbrokers.com



SAN FRANCISCO ASSOCIATION of REALTORS®

301 Grove Street
San Francisco, CA 94102
P. 415.431.8500
F. 415.553.3968
www.sfrealtors.com

Payment Authorization Form

Auto Bill Pay is for MLS Quarterly Fees and Supra Key Fees ONLY

MEMBER INFORMATION

Member Name: **Member Number:**
 Check here if you are a new member *If unknown/unassigned, leave blank*

Firm Affiliation: Contact Phone:

TERMS

- I authorize the San Francisco Association of REALTORS® to deduct the following fees from the credit card/debit card I have specified below.
- I understand that, if I am a REALTOR® member of the San Francisco Association of REALTORS®, my annual membership dues will not be automatically deducted from the card I have specified below, and that a statement will be sent to me for Association membership dues each November or December to pay for the year following the invoice.

PAYMENT INFORMATION

Visa MasterCard American Express *Do not include CCV number*

Card Number: Exp Date: /
(month) (year)

Amount: \$

- One-Time Charge: Authorize a one-time charge for New Member, Reinstatement costs, and/or SFAR Supra Key/Lockbox fees from the card I have specified.
- Auto-Payment (for MLS/SUPRA): Authorize SFAR to deduct all fees, but not annual REALTOR® membership dues, from the card I have specified.

Cardholder's Name:

I have read and agreed to the terms of this payment arrangement, and I authorize the San Francisco Association of REALTORS® to deduct my fees and/or dues (other than annual REALTOR® membership dues) from the above specified Visa or MasterCard quarterly. I understand that I am responsible for notifying the San Francisco Association of REALTORS® of any changes to or cancellations of this agreement.

I understand that I may discontinue the automatic billing arrangement at any time but that service cancellations may take up to two weeks to process.

Signature: Date:

Return Payment Form to the SFAR Dept. or staff member that was assisting you. As a reference: