



# SAN FRANCISCO ASSOCIATION of REALTORS®

## REINSTATEMENT AND/OR CHANGE OF OFFICE/ADDRESS FORM

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

### Please input updated information below:

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

### Personal Account Information:

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ URL: \_\_\_\_\_

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

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 Name (Required): \_\_\_\_\_

Broker DRE License #: \_\_\_\_\_

Broker Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Return Change of Office form to [Membership@sfrealtors.com](mailto:Membership@sfrealtors.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: