

Multiple Listing Service Subscriber Application AGENT

E-mail: membership@sdar.com

Member Services

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Office Use	
Agent #	_ Firm #

Tax. (030) 113-0030 - www.sdai.com					
Agent Information: Agent Name					
Agont Hamo	Print Name as it appears on CalBre Licen	nse			
Residence Address	Suite #				
City		State	Zip		
Agent Phone(Will appear in listings and	Cell Phone				
CalBRE License #Exp	. Date"My Accoun	nt" Password _	(Minimum 6 characters	, maximum 9 charact	ers)
E-mail Address	I am aware Tem	npo is ONLY compat	tible with Internet Explorer	6.0 and above	_Initials.
Office Information:					
Firm Name			Firm #		
Office Address				Suite #	
City		State	Zip		
Office Phone	Fax _				
 I have received and agree to abide by the rules amendments as may be made hereafter as lo I am responsible for the security of my agent parts. I agree to attend a MLS Orientation within 60 da 	ng as I remain a Subscriber. ss code and will not share or make ava	ailable to any p	erson.	vith such	
Signature	nature certifying the above to be true and correct		Date _		
The above licensee is affiliated with my office. This a that I am responsible for the agent's use or misuse of Broker of Record Signature	uthorizes his/her access to the SANDIO f receiving the service in accordance w	rith the rules an	nd regulations.	Further I unders	
Applica	ation fees and MLS fees are non-	refundable			
Fees can be charged to:			Application fee	\$25*	
□ Visa □ MasterCard □ Discover	□AmEx		Quarterly fees Scout Fee	\$155** \$18	
Credit Card			*Application fee waived for associations.	agents transferring from	other
Amount to be chargedExpiration date			**Pro-rated monthly ***One-time purchase fee for SAFE/MLS®		
Signature			One-time purchase fee fo	i SAFE/WLO®	