



**MLS Subscriber (Agent) AFFILIATION Application**

**Agent Information:**

Agent Name \_\_\_\_\_  
Print Name as it appears on DRE License

Mailing Address \_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

Agent Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Additional Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Will appear in listings and directory)

DRE License #: \_\_\_\_\_ Agent Fax #: \_\_\_\_\_

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

Web Address: \_\_\_\_\_

**Office Information:**

Firm Name (dba) \_\_\_\_\_ Firm #: \_\_\_\_\_

Office Address \_\_\_\_\_  
Address Suite #  
\_\_\_\_\_  
City State Zip

Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- 1) I have received and agree to abide by the Rules and Regulations and all administrative policies. I will observe these Rules with such amendments as may be made hereafter as long as I remain a Subscriber.
- 2) I agree to complete the MLS Orientation requirements within 30 days of my join date. Failure to complete this requirement will result in interruption of MLS services, including but not limited to, MLS access and Sentrilock Key services.
- 3) Participants and subscribers are responsible for the security of their agent ID and pass codes and shall not give or allow use of or make available their pass codes to any person.
- 4) In the event I fail to maintain eligibility for membership, for any reason, I understand fees are non-refundable.

\_\_\_\_\_  
Agent Signature certifying the above to be true and correct \_\_\_\_\_ / /  
Date

The above licensee is affiliated with my office. This authorizes his/her access to the SANDICOR, Inc. Multiple Listing Service. Further I understand that I am responsible for the agent's use or misuse of the service in accordance with the Rules and Regulations.

\_\_\_\_\_  
Broker of Record Signature \_\_\_\_\_ / /  
Date

Service Center Use:
Agent ID: _____
Orientation Date: _____



Credit Card Charge Authorization Form

Date: \_\_\_\_\_

Agent ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Name on Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_

Description \_\_\_\_\_ Amt to be charged: \$ \_\_\_\_\_ Initial \_\_\_\_\_

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Description \_\_\_\_\_ Amt to be charged: \$ \_\_\_\_\_ Initial \_\_\_\_\_

**TOTAL TO BE CHARGED \$ \_\_\_\_\_**

Authorized Signature: \_\_\_\_\_ NSDCAR Staff Initials \_\_\_\_\_

**Automatic Debit Authorization**

By signing here you authorize NSDCAR to keep your credit card number on account for automatic debit for Sandicor Quarterly Billing and monthly Association/Store Service billing. Debits for Sandicor Fees will occur in the months of February, May, August, and November consistent with the appropriate fees established by NSDCAR.

To discontinue this service, please notify NSDCAR in writing at least 30 days in advance of any of the above state debit months.

Please indicate if authorizing NSDCAR Store/Service Billing and or Sandicor Quarterly Billing by checking the appropriate box. \* This authorization excludes the annual REALTOR® dues.

**PLEASE NOTE THAT FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.**

NSDCAR Store/Services\*

Sandicor Quarterly Billing

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

# Membership Checklist

- Have all applications filled out completely and signed by your broker.
- Bring a copy of your valid California DRE license and Driver's license.
- If you are paying by check and purchasing a key please have ready two (2) checks.
- For your convenience we also accept Visa, MasterCard, Discover, and American Express.

If you have any questions, please do not hesitate to call any one of our service centers.

Vista: 760-734-3971

Martha Peralta  
Membership Director

Tricia Teufel  
Member Services Administrator

Vanessa Conney  
Member Services Specialist

Fallbrook:

Crystal Hoffman - 760-728-5811

Carlsbad:

Kari Butler – 760-929-2100

Carmel Valley:

Terry Sittloh – 858-350-1600

Escondido:

Sue Noon – 760-745-2299