



MLS Participant (Appraiser) Application

Primary Appraiser _____
Print name as it appears on DRE license

Firm Name (dba) _____

Office Address _____
City _____ State _____ Zip _____

Telephone # (____) - _____ Additional # (____) - _____

Fax # (____) - _____ Driver's License # _____

OREA License # _____ Expiration Date: _____

Email Address _____

Web Address _____

Billing Preference: Mail E-Mail Preferred Mailing: Office Home

Phone numbers and email address above will appear in the MLS

Home Address _____
City _____ State _____ Zip _____

Home Phone # (____) - _____

Please check and complete applicable statements.

___ I am an active Appraiser member of _____ Association/Board of Realtors®

___ I am not a Appraiser member of any San Diego County REALTOR® Association

I hereby apply for Participation in the SANDICOR, Inc. Multiple Listing Service and certify that the above is correct. I further acknowledge understanding that as a Participant:

- 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 Participant.
- 2) I am responsible for the practices of all licensees using my service.
- 3) I **must submit** all exclusive right and exclusive agency listing profiles to the service for dissemination to the other Participants and may receive listing information filed by all other Participants.
- 4) I agree to pay fees as may be determined for the use (and fines for the misuse) of the service by the broker and any licensee using his service. Reinstating fees and /or termination of service will be incurred on delinquent accounts. I am responsible for notifying the service center in writing of all licensees affiliated under my license and for payment of the participation fees of such licensees.
- 5) 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.
- 6) 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.

Appraiser Signature

Date

Service Center Use

Agent # _____

Firm # _____

Join Date: _____



Credit Card Charge Authorization Form

Date: _____

Agent ID #: _____

Phone #: _____

Name: _____

Name on Credit Card: _____

Card #: _____ - _____ - _____ Exp: _____

CID#: _____

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

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

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

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

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

906 Sycamore Ave., Suite 104
Vista, CA 92081
760-734-3971
Fax: 760-597-0362 **payment only**

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.

Carlsbad Service Center
6183 Paseo Del Norte, Ste. 150
Carlsbad, CA 92011
(760) 929-2100

Carmel Valley Service Center
12707 High Bluff Dr., Ste 125
San Diego, CA 92130
(858) 350-1600

Escondido Service Center
1802 S. Escondido Blvd., Ste E
Escondido, CA 92025
(760) 745-2299

Fallbrook Service Center
126 W. Beech
Fallbrook, CA 92028
(760) 728-5811

Vista Admin Office
906 Sycamore Ave., Ste. 104
Vista, CA 92081
(760) 734-3971
(760) 734-3976 fax



North San Diego County
Association of REALTORS®

CONSENT TO ELECTRONIC COMMUNICATION

I, the undersigned, a Member of the North San Diego County Association of REALTORS® (the "corporation") hereby consent to communication from the corporation to me by electronic transmission, including but not limited to: (1) fax communication or e-mail directed to the fax number or e-mail address I have on file with the corporation, or if no fax or e-mail is on file, as set forth hereon below my signature, (2) posting on an electronic message board or network that the corporation has designed for the purpose, together with a separate notice of the posting, and (3) other forms of electronic communications. I further understand the following:

- 1. I HAVE THE RIGHT TO HAVE THE COMMUNICATED MATERIAL MADE AVAILABLE ON PAPER OR IN NON-ELECTRONIC FORM BY PROVIDING A WRITTEN REQUEST FOR THE MATERIAL TO THE CORPORATION;

- 2. THIS CONSENT APPLIES TO ALL NOTICES FROM THE CORPORATION, THE CALIFORNIA ASSOCIATION OF REALTORS® AND NATIONAL ASSOCIATION OF REALTORS® AND ALL CATEGORIES OF MATTERS RELATED TO THE BUSINESS OF THE CORPORATION AND MATTERS RELATED TO PROFESSIONAL REAL ESTATE OR OTHER COMMUNICATIONS INCLUDING BUT NOT LIMITED TO THE NOTICE OF VOTING ON AOR ISSUES AND ELECTIONS TO THE BOARD OF DIRECTORS OF THE CORPORATION;

- 3. I MAY WITHDRAW OR REVOKE THIS CONSENT TO ELECTRONIC COMMUNICATION AT ANY TIME BY PROVIDING WRITTEN REVOCATION TO THE CORPORATION; AND

- 4. I AM RESPONSIBLE FOR UPDATING THE CORPORATION, IN WRITING, OF ANY CHANGE IN MY CONTACT INFORMATION.

Member Number (MLS #)

Signature of Member

Printed Name of Member

Fax Number

E-mail Address