



**SCOTTSDALE AREA ASSOCIATION OF REALTORS®**

8600 E Anderson Dr, Suite 200, Scottsdale, AZ 85255

Phone: (480) 945-2651 – Fax: (480) 422-7945

info@ScottsdaleREALTORS.org

# APPRAISER MEMBERSHIP APPLICATION

For Office Use Only

NRDS#/NAR ID \_\_\_\_\_ MLS Agent ID# \_\_\_\_\_

(ALL INFORMATION IS REQUIRED)

## 1. APPLICANT'S PERSONAL INFORMATION (Please PRINT):

\_\_\_\_\_  
First Name Last Name MI

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

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone  Primary? \_\_\_\_\_  Primary? \_\_\_\_\_  
Mobile Phone Home Fax

\_\_\_\_\_  
Date of Birth Gender:  Male  Female License Number \_\_\_\_\_

*The information below will be displayed on our website:*  I do not want any information appearing on the website

\_\_\_\_\_  
E-mail Address (REQUIRED) Website

\_\_\_\_\_  
Business Specialty Languages Spoken

Facebook: \_\_\_\_\_ LinkedIn: \_\_\_\_\_ Twitter: @ \_\_\_\_\_ Google+: \_\_\_\_\_

## 2. APPLICANT'S OFFICE INFORMATION (Must be filled out completely)

\_\_\_\_\_  
Office Name   
Office ID No.

\_\_\_\_\_  
Address Suite Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Office Telephone Number Office Fax Number with Area Code

**Please read the following:**

With this application, I hereby apply for membership in the Scottsdale Area Association of REALTORS® and include my payment of \$\_\_\_\_\_, which I understand will be returned to me in the event my application is not accepted.

Appraiser representatives will have their name, company name and business address, phone and FAX number, etc., listed on the Internet on the SAAR Web site, [www.ScottsdaleREALTORS.org](http://www.ScottsdaleREALTORS.org) (**NO PERSONAL INFORMATION IS PUBLISHED**). Representatives will receive all SAAR communications. All representatives may attend the REALTOR® Marketing Sessions, distribute company literature, and serve on Association committees and task forces.

I CERTIFY THE INFORMATION SUPPLIED ON THIS APPLICATION IS CORRECT AND THAT I HAVE READ AND ACCEPT ALL THE CONDITIONS OF MEMBERSHIP DESCRIBED ON THE FRONT SIDE OF THIS APPLICATION.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

## AFFILIATE HEAD APPRAISER DUES AND FEES SCHEDULE

Prorated Schedule	Application Fee	Scottsdale Dues	Total Payable Dues	Office Set-up Fee (One time fee if applicable)					
01/01 - 12/31	\$125.00	+	\$225.00	+	\$350.00	+	\$210.00	=	\$560.00
04/01 - 12/31	\$125.00	+	\$175.00	+	\$300.00	+	\$210.00	=	\$510.00
07/01 - 12/31	\$125.00	+	\$120.00	+	\$245.00	+	\$210.00	=	\$455.00
10/01 - 12/31	\$125.00	+	\$60.00	+	\$185.00	+	\$210.00	=	\$395.00

## AFFILIATE APPRAISER DUES AND FEES SCHEDULE

Prorated Schedule	Scottsdale Dues
01/01 - 12/31	\$150.00
04/01 - 12/31	\$115.00
07/01 - 12/31	\$75.00
10/01 - 12/31	\$60.00

*\*Please note: MLS and Supra fees are separate, paid directly to ARMLS. Fee is dependent on the time of year applying for membership. REALTOR® Appraisers will pay REALTOR® Dues.*

Remit To: Scottsdale Area Association of REALTORS®  
8600 E Anderson Dr, Suite 200  
Scottsdale, AZ 85255  
Ph: (480) 945-2651 ♦ Fax: (480) 422-7945



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(480) 422-7945 FAX

Appraiser Membership Dues & Fees

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

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

The Scottsdale Area Association of REALTORS®:

(All fees are paid to the Scottsdale Area Association of REALTORS®)

Application Fee (one-time)	\$ _____
Scottsdale Area Association of REALTORS® Head Appraiser Dues	\$ _____
Scottsdale Area Association of REALTORS® Appraiser Dues	\$ _____
Office Set-Up Fee (Designated REALTORS® Brokers only)	\$ _____
RAPAC Contribution (Voluntary)	\$ _____
(Once payment is processed, you will receive a receipt via email)	Total: \$ _____

**Your Membership Dues are good through December 31, 2017**

For questions please call the Scottsdale Area Association of REALTORS® at 480-945-2651.

Paying by check authorizes Scottsdale Area Association of REALTORS® to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

*I hereby authorize payment for SAAR, AAR, NAR and any applicable association fees.*

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**Payment Information**

Check# \_\_\_\_\_ \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_

Credit Card# \_\_\_\_\_

Exp (mm/yy) \_\_\_\_\_

Visa / MasterCard / American Express / Discover

(Please note this information is shredded once payment is processed)