

Santa Fe Association of REALTORS®

REALTOR TEAM Membership
(PLEASE COMPLETE ALL FIELDS)

To the Santa Fe Association of REALTORS®, I hereby apply for REALTOR® Team Membership in the above-named Board and am enclosing my payment in the amount of \$ 125.00 plus GRT for a one-time application fee payable to Santa Fe Association of REALTORS®. *Fees are nonrefundable. *Any modifications to the team name or team members will require a new Team Application and Fee.

Date of Application: _____

Name of Team: (up to 18 letters) _____

Team Lead _____

1. Member Name: _____

License & Exp Date: _____

Mobile# _____

2. Member Name: _____

License & Exp Date: _____

Mobile# _____

3. Member Name: _____

License & Exp Date: _____

Mobile# _____

4. Member Name: _____

License & Exp Date: _____

Mobile# _____

Email (Only One) _____

Brokerage Name: _____

Qualifying Broker Signature: _____

Visa/Mastercard Only

Name on Card: _____

Credit Card Number: _____ EXP _____

Please return to SFAR Address:
510 N. Guadalupe, Suite E Santa Fe, NM 87501 Atten:
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Website: sfar.com

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