



Solano Association of REALTORS®

1302 Springs Road, Vallejo CA 94591

P: (707) 644.5525 F: (707)644.3715

Email: info@saor.org

Instructions to all Membership Applicants

Prior to turning in your application please check to make sure that the following is completed:

- Answer all applicable questions on the application
- The application needs to be signed by both you and the Broker
- A copy of the BRE license to be attached with your application

SAOR Application Fee:

\$350.00

CAR Application Fee:

\$200.00

Fee Schedule 2026

Month	SAOR Fee	CAR Fee	NAR Fee	Total Fee Amount
January	157.50	342.00	201.00	1,250.50
February	131.25	313.50	188.00	1,182.75
March	105.00	285.00	175.00	1,115.00
April	78.75	256.50	162.00	1,047.25
May	52.50	228.00	149.00	979.50
June	26.25	199.50	136.00	911.75
July	315.00	171.00	123.00	1,159.00
August	288.75	142.50	110.00	1,091.25
September	262.50	114.00	97.00	1,023.50
October	236.25	85.50	84.00	955.75
November	210.00	57.00	71.00	888.00
December	183.75	28.50	58.00	811.50

*The Fees are prorated by month for the rest of the year.

* CAR & NAR fees are due every January (NAR includes their \$45.00 assessment fee into the dues)

* The SAOR Local fee is due every July

Note: Secondary Member pays only SAOR fee and SAOR application Fee (need letter of Good standing showing they paid CAR/NAR at another association)

Transfer Fee: If the agent completely transfers over to SAOR from another Association they pay only the SAOR fee, and the application is cut in half (\$175) and need a letter of good standing to verify the agent paid CAR/NAR fee.

**Late fee for CAR is \$50 – applies March 1st (CAR/NAR will be deactivated if not paid by Feb 1st)

**Late fee for SAOR is \$75 – applies July 15th



SOLANO ASSOCIATION
of REALTORS®

Application for REALTOR® Membership

TYPE OF APPLICATION

1. I am apply for the following categories of membership (check all applicable boxes):

- Principal REALTOR®
 Non-principal REALTOR®
 REALTOR-ASSOCIATE®

- Designated REALTOR®
 Other: _____

GENERAL INFORMATION

Join Date: _____

2. Name (as it is on your license): _____

3. Preferred Name: _____

4. Firm Name: _____

5. Firm Address: _____
(Street) (City) (State) (Zip code)

6. Firm Telephone Number: _____ Firm Fax Number: _____

7. List all other DBA's: _____

8. Home Address: _____
(Street) (City) (State) (Zip code)

9. Home Telephone Number: _____ Home Fax or Cell Number: _____

10. Which do you want as the primary mailing address? Firm Home

11. E-mail Address: _____

12. RE License#: _____ OREA Appraisers License #: _____
Expiration Date: _____ Expiration Date: _____

13. Professional Designations: GRI CRS Other(s) (please specify): _____

14. Birthdate (MM/DD/YYYY) _____

15. Primary Specialty:

- | | |
|--|---|
| <input type="checkbox"/> Residential Brokerage | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Commercial/Industrial Brokerage | <input type="checkbox"/> Appraising |
| <input type="checkbox"/> Farm and Land Brokerage | <input type="checkbox"/> Mortgage Financing |
| <input type="checkbox"/> Building and Development | <input type="checkbox"/> Other(s) (please specify): _____ |

16. List all Board/Associations of REALTORS® and MLS to which you CURRENTLY BELONG:

List all Boards/Associations of REALTORS® and MLS to which you PREVIOUSLY BELONGED: _____

17. Persons other than principals, partners, corporate officers or branch office managers of real estate or appraisal firms must remain employed by or affiliated with a Designated REALTOR® to be eligible for REALTOR® or REALTOR-ASSOCIATE® membership. If applicable, please complete below:

Name of Designated REALTOR®: _____

Designated REALTOR® DRE License #: _____

Name of Broker: _____

18. **DESIGNATED REALTOR®/BROKER AND APPRIASER PARTICIPANT APPLICANTS ONLY.** Designated REALTOR®, Broker and Appraiser Participant applicants must provide the Board/Association a list of licensees employed by or affiliated with them and must also regularly update the Board/Association on any changes, additions or deletions from the list. On a separate sheet or form, please list all licensees under your license, including their name, the type of license, and their DRE or OREA License #.

19. I am a (check the applicable boxes): sole proprietor general partner
 corporate officer branch office manager

20. If you checked any box in question 18, you must answer the following:

- a. Are you or your firm subject to any pending bankruptcy proceedings?
- b. Have you or your firm been adjudged bankrupt within the last three (3) years?
If you answered yes to (a) or (b), you may be required to make cash payments for membership dues.

c. I certify that I have no record of official sanctions rendered by the courts or other lawful authorities within the past three (3) years for violations of:

- i. Civil rights laws Yes, I certify. No, I cannot certify.
- ii. Real estate licensing laws Yes, I certify. No, I cannot certify.
- iii. Any felony or crime of moral turpitude Yes, I certify. No, I cannot certify.

If you could not certify one or more of the above, please attach additional sheets with all relevant details about the violation(s), including the date(s), type of violation(s), and a copy of the discipline, if any.

21. Have you ever been disciplined by any of the above Boards/Associations listed in question 16?

Yes. If yes, attach copies of the discipline.

No.

22. Have you ever been disciplined by the DRE?

Yes. If yes, provide all relevant details and dates (or attach copies of discipline).

No.

GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

1. **Bylaws, policies and rules.** I agree to abide by the bylaws, policies and rules of the Board/ Association, the bylaws, policies and rules of the California Association of REALTORS®, and the constitution, bylaws, policies and rules of the National Association of REALTORS®, all as may from time to time be amended.
2. **Use the term REALTOR® or REALTOR-ASSOCIATE®.** I understand that the professional designations REALTOR® and REALTOR-ASSOCIATE® are federally registered trademarks of the National Association of REALTORS® (“N.A.R.”) and use of these designations are subject to N.A.R. rules and regulation. I agree that I cannot use these professional designations until this application is approved, all my membership requirements are completed, and I am notified of membership approval in one of these designations. I further agree that should I cease to be a REALTOR® or REALTOR-ASSOCIATE®, I will discontinue use of the term REALTOR® or REALTOR-ASSOCIATE® in all certificates, signs, seals or any other medium.
3. **Orientation.** I understand that if the Board/Association or the MLS requires orientation, I must attend such orientation prior to becoming a member of the Board/ Association or MLS.
4. **No refund.** I understand that my Board/Association membership dues and MLS fees are nonrefundable. In the event that I fail to maintain eligibility for membership or for MLS Services for any reason, I understand I will not be entitled to a refund of my dues or fees.
5. **Authorization to release and use information; waiver.** I authorize the Board/Association or its representatives to verify any information provided by me in this application by any method including contacting the California Department of Real Estate, my current or past responsible broker or designated REALTOR®, or any Board/Association or MLS where I held, or continue to hold, any type of membership. I further authorize any Board/Association or MLS where I held, continue to hold, any type of membership to release all my membership or disciplinary records to this Board/ Association, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of action against

the Board/Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.

6. By signing below, I expressly authorize the Board/Association, including the local, state and national, or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Board/Association.

7. **REALTOR®, REALTOR-ASSOCIATE® applicants only; Arbitration Agreement.** A condition of membership in the Board/Association as a REALTOR® or REALTOR-ASSOCIATE® is that you agree to binding arbitration of disputes. As a REALTOR® (including Designated REALTOR®) or REALTOR-ASSOCIATE® member, you agree for yourself and the corporation or firm for which you act as a partner, officer, principal or branch office manager to binding arbitration of disputes with (i) other REALTOR® or REALTOR-ASSOCIATE® members of this Board/Association; (ii) with any member of the California or National association of REALTORS®; and (iii) any client provided the client agrees to binding arbitration at the Board/Association. Any arbitration under this agreement shall be conducted using the Board/Association facilities and in accordance with the Board/Association rules and procedures for arbitration.

SIGNATURE

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

Signature of Applicant

Date of Signature

Signature of Designated REALTOR®

Date of Signature



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Credit Card Authorization Form

I, _____, authorize Solano Association of
(Please Print Name of Cardholder)

REALTORS® to charge my credit card in the amount of \$ _____.

Payment Type: Visa MasterCard Discover American Express

Credit Card: _____ - _____ - _____

Expiration Date: _____ / _____ CVC: _____

Credit Card Billing Address: _____

Phone: _____

Email Address: _____

Cardholder Signature: _____ Date: _____ / _____ / _____

**Please Note: if the credit card is denied upon 2nd attempt, a \$25 failed credit card fee will be assessed.*