

Please provide the Contact Information for each "Additional Team Member" you would like to register with us.

Annual Fees

(Annual fee of _____ per person – No Proration)

Firm Name: _____ Type of Business: _____
Name: _____ Email: _____
Cell: _____ Last 4 digits of SS# _____ (required)

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Name: _____ Email: _____
Cell: _____ Last 4 digits of SS# _____ (required)

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Name: _____ Email: _____
Cell: _____ Last 4 digits of SS# _____ (required)

Firm Name: _____ Type of Business: _____
Name: _____ Email: _____
Cell: _____ Last 4 digits of SS# _____ (required)



CREDIT CARD AUTHORIZATION

Name: _____ Address: _____
(Billing Address for Credit Card)

Type of Card: _____ VISA _____ DISCOVER **Expiration Date:** _____
_____ MasterCard _____ AMEX **Security Code:** _____

Card Number: _____ Amount to Charge: _____

By signing this authorization form, I give the Space Coast Association of REALTORS® permission to pay the charges listed above.

Printed Name Signature Date
(In lieu of Digital Signature, a TYPED Signature will be accepted.)

I authorize the Space Coast Association of REALTORS® to retain my credit card on file and process my annual payment automatically on or about the **10th Day of November**, and due by **December 14**. I understand that if the payment does not process, and I do not pay the amount due on time, a 20% late fee **WILL** accrue.

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(Billing Address for Credit Card)

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