



7015 Hodgson Memorial Drive, Savannah, Georgia 31406

Phone: 912.354.1513

[www.savannaharearealtors.com](http://www.savannaharearealtors.com)

Email Membership: [membership@savannahboardofrealtors.com](mailto:membership@savannahboardofrealtors.com)

## REALTOR® MEMBERSHIP APPLICATION

**PLEASE PROVIDE A COPY OF YOUR LICENSE POCKET CARD**

**PRINT CLEARLY OR TYPE**

Applicants Name As It Appears on License \_\_\_\_\_

Nickname (if you go by another name) \_\_\_\_\_

License Number \_\_\_\_\_

### Check All That Apply

☐ Primary Membership

☐ Secondary Membership

☐ Supra EKey

☐ MLS Membership

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

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

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

Mailing Address: \_\_\_\_\_

If different from address above

Preferred Mailing Address: ☐ Home ☐ Office

Preferred Contact Number: ☐ Mobile \_\_\_\_\_ ☐ Home \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(E-Mail address is REQUIRED – Primary Means of Communication)**

Date of Birth: \_\_\_\_\_

List below any professional designations you hold:

\_\_\_\_\_

Name of Real Estate School you Attended:

\_\_\_\_\_

Are you Currently or Previously a member of another board or association which is affiliated with the National Association of REALTORS®

Yes No **(circle one)**

If "yes," list each board and association where membership was held, type of membership held, NAR ID, and approximate dates of membership. **You must also send a letter of good standing from this board with your application.**

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Do you hold, or have you ever held, a real estate license under any other state? Yes No **(circle one)**  
If yes, please specify name, state, and license number:

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Has your real estate license, in this or any other state, been suspended or revoked? Yes No **(circle one)**  
If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

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Are there now any pending or unresolved complaints, or have there been within the past 3 years, any complaints against you or the firm which you have been associated before any state real estate regulatory agency or any other agency of government? Yes No **(circle one)**

If "yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint: (attach separate sheet if necessary)

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Have you ever been convicted of a felony? Yes No **(circle one)**  
If so, give details including state and court of conviction: (attach separate sheet is necessary)

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Have you participated in a multiple listing service which is owned and operated by a board or association affiliated with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years?

Yes No **(circle one)**

If "yes," list the name of each MLS and the approximate dates of participation.

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Are you a member of an institute, society, or council affiliated with NATIONAL ASSOCIATION OF REALTORS®? Yes No **(circle one)**

If yes, please indicate name of affiliated institute, society, or council:

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I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership, if granted.

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



## Member Add/Change Form

7015 Hodgson Memorial Drive  
Savannah, Georgia 31406  
Phone: 912-354-1513 Fax: 912-354-1751



Email completed form to: [membership@savannahboardofrealtors.com](mailto:membership@savannahboardofrealtors.com)

ALL APPLICABLE INFORMATION MUST BE COMPLETED FOR PROCESSING.  
INCOMPLETE FORMS WILL BE RETURNED AND NOT PROCESSED UNTIL COMPLETE

**PLEASE ATTACH VERIFICATION OF CHANGES FROM GEORGIA REAL ESTATE COMMISSION  
EXAMPLE (NEW POCKET CARD, DROP RECEIPT – IF UNLICENSED COPY OF PHOTO ID)**

**PLEASE TYPE OR PRINT CLEARLY**

Select one:

☐ Broker ☐ REALTOR® ☐ Non-REALTOR® Sales Person ☐ Unlicensed Staff/Admin

If New Information (Please Check) ☐ Address ☐ Phone ☐ Email

Name as it appears on Real Estate License \_\_\_\_\_

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

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

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### DROPPED FROM: (Company Agent is leaving or transferring from)

Select one: ☐ Transfer ☐ Leaving Company ☐ Leaving Business/Area ☐ Closing Office

Office Name \_\_\_\_\_ Office Code \_\_\_\_\_

Broker's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### ADDED/TRANSFERRED TO: (Company Agent is added or transferred to)

Select one: ☐ New ☐ Transfer

Office Name \_\_\_\_\_ Office Code \_\_\_\_\_

Broker's Signature \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Designated REALTOR®** - Qualifying Broker ☐ **REALTOR® No Add** - Cannot Add/Edit listing data

☐ **REALTOR® Add/Modify** – Add/Edit listing data ☐ **Office Admin** - Unlicensed Admin

☐ **Agent Assistant** - Personal Assistant

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I authorize the transfer of ☐ Active Listings ☐ Pending Listings to the agent listed above

The lockboxes that are on any listings to be transferred will need to be transferred as well. Please list the lockbox numbers to be transferred. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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Signature of MLS Broker transferring from \_\_\_\_\_

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**BOARD USE ONLY**

Member/Supra #: \_\_\_\_\_ MLS ID: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# SAVANNAH AREA REALTORS®

## 2025 DUES PRORATION CHART

# SMLC

## 2025 FEES CHART

MONTH	NAR	GAR	LOCAL	SUB-TOTAL	LOCKBOX SERVICE FEE	APP FEE	**RPAC**	TOTAL SAR FEE	MLS NEW AGENT FEE	MLS AGENT FEES	SAR/SMLC TOTAL FEE
JANUARY	\$201.00	\$100.00	\$160.00	\$461.00	\$37.50	\$200.00	\$35.00	\$733.50	\$200.00	\$240.00	\$1173.50
FEBRUARY	\$188.00	\$91.83	\$146.67	\$426.50	\$37.50	\$200.00	\$35.00	\$699.00	\$200.00	\$200.00	\$1099.00
MARCH	\$175.00	\$83.67	\$133.34	\$392.01	\$37.50	\$200.00	\$35.00	\$664.51	\$200.00	\$160.00	\$1024.51
APRIL	\$162.00	\$75.50	\$120.01	\$357.51	\$37.50	\$200.00	\$35.00	\$630.01	\$200.00	\$120.00	\$950.01
MAY	\$149.00	\$67.33	\$106.68	\$323.01	\$37.50	\$200.00	\$35.00	\$595.51	\$200.00	\$80.00	\$875.51
JUNE	\$136.00	\$59.17	\$93.35	\$288.52	\$37.50	\$200.00	\$35.00	\$561.02	\$200.00	\$40.00	\$801.02
JULY	\$123.00	\$51.00	\$80.02	\$254.02	\$75.00	\$200.00	\$35.00	\$564.02	\$200.00	\$480.00	\$1244.02
AUGUST	\$110.00	\$42.83	\$66.69	\$219.52	\$75.00	\$200.00	\$35.00	\$529.52	\$200.00	\$440.00	\$1169.52
SEPTEMBER	\$97.00	\$34.67	\$53.36	\$185.03	\$75.00	\$200.00	\$35.00	\$495.03	\$200.00	\$400.00	\$1095.03
OCTOBER	\$84.00	\$26.50	\$40.03	\$150.53	\$75.00	\$200.00	\$35.00	\$460.53	\$200.00	\$360.00	\$1020.53
NOVEMBER	\$71.00	\$18.33	\$26.70	\$116.03	\$75.00	\$200.00	\$35.00	\$426.03	\$200.00	\$320.00	\$946.03
DECEMBER	\$58.00	\$10.17	\$13.37	\$81.54	\$75.00	\$200.00	\$35.00	\$391.54	\$200.00	\$280.00	\$871.54

SAR, GAR, and NAR dues amounts begin on the date the license was assigned to the firm. See pocket license card for this date. The prorated fees and the total due at the time of joining are above.

Secondary Membership: Individuals who pay their NAR dues to another organization are eligible for a Secondary membership. A Letter of Good Standing is required from the current primary association. Dues will be assessed upon receipt of the LOGS.

**\*\*A \$35 voluntary RPAC contribution is billed.**