



SCCB 2024 Membership Application

1391 Speer Blvd. | Suite 450 | Denver, CO 80204
(p) 877-777-7094 | (f) 303.820.3844 | (e) staff@mysccb.org

Please complete all sections of the Membership Application. Send the application and applicable membership dues and fees to the SCCB Office at the address listed above. If you have question, please contact the SCCB Office at the toll free number above.

MEMBERSHIP CATEGORIES

Please indicate the application submission date below, then write the appropriate amount in the “total due” section for the membership type for which you are applying. **APPLICATION DATE:** _____

Membership Type	Dues Amount	Selection	Total Due
Realtor (Individual Member)	\$185.00	<input type="checkbox"/>	\$ _____
Broker (Individual Member)	\$185.00	<input type="checkbox"/>	\$ _____
Affiliate Organization (Two Members)	\$310.00	<input type="checkbox"/>	\$ _____
Affiliate Organization—Additional Members	\$60.00	<input type="checkbox"/>	\$ _____
Public Official Member (Individual Member)	\$110.00	<input type="checkbox"/>	\$ _____
TOTAL MEMBERSHIP DUES			\$ _____

INDIVIDUAL CONTACT INFORMATION

Please list complete contact information for Realtor and Broker individual members. If you are applying for an Affiliate Organization membership, please list the Primary member in this section, then make an additional copy of this page to provide the secondary member information. If you are signing up additional Affiliate Organization members, make as many copies of this page as you need to provide their contact information.

SALUTATION	FIRST NAME	MIDDLE INITIAL	LAST NAME	NICKNAME
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COMPANY/ORGANIZATION	TITLE
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STREET ADDRESS	CITY & STATE	ZIP	COUNTRY
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DIRECT PHONE	MOBILE PHONE	FAX
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EMAIL	WEBSITE
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DESIGNATION (PLEASE CHECK THOSE THAT APPLY):

- ALC
 CCIM
 CRE
 SIOR
 SRS
 OTHER: _____

SCCB 2023 Membership Application - Page 2

REALTOR MEMBER INFORMATION

COLORADO REAL ESTATE LICENSE #: _____ (COPY OF LICENSE REQUIRED)

LICENSED/CERTIFIED APPRAISER #: _____ (COPY OF LICENSE REQUIRED)

NAME AND FIRM OF EMPLOYING BROKER: _____

IS YOUR FIRM A MEMBER OF PPAR: YES: _____ NO: _____

FIELD OF BUSINESS

PLEASE MARK ONE PRIMARY FIELD OF BUSINESS WITH A 1 AND UP TO THREE SECONDARY'S WITH A 2:

- | | | |
|---|--|--|
| <input type="checkbox"/> APPRAISAL | <input type="checkbox"/> BROKERAGE MANAGEMENT | <input type="checkbox"/> BUYER BROKERAGE |
| <input type="checkbox"/> COMMERCIAL SALES / LEASING | <input type="checkbox"/> CONSTRUCTION/CONTRACTOR | <input type="checkbox"/> DEVELOPMENT |
| <input type="checkbox"/> FINANCE | <input type="checkbox"/> INTERNATIONAL | <input type="checkbox"/> INVESTMENT PROPERTIES |
| <input type="checkbox"/> LAND SALES / LEASING | <input type="checkbox"/> NEW HOMES | <input type="checkbox"/> PROPERTY MANAGEMENT |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> OTHER _____ | |

PROFESSIONAL SOCIETIES

PLEASE MARK ALL THAT APPLY:

- | | | |
|-------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> CAR | <input type="checkbox"/> CCIM | <input type="checkbox"/> NAR |
| <input type="checkbox"/> PPAR | <input type="checkbox"/> SIOR | <input type="checkbox"/> OTHER _____ |

SCCB NEEDS AND WANTS

THE SCCB NEEDSANDWANTS EMAIL DISTRIBUTION IS NOW AVAILABLE FOR SCCB MEMBERS! YOU MUST BE A PAID SCCB MEMBER TO BE INCLUDED IN THIS DISTRIBUTION LIST AND UTILIZE THIS EXCLUSIVE NEEDS AND WANTS EMAIL DISTRIBUTION LIST. ONCE YOUR SCCB MEMBERSHIP APPLICATION IS PROCESSED, YOU ARE AUTOMATICALLY ADDED TO THE LIST. JUST ADD **NEEDSANDWANTS@SCCB.MEMBERCLICKS.NET** TO YOUR SAFE SENDERS LIST.



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Public Official Member (Individual Member)	\$110.00	<input type="checkbox"/>	\$ _____
TOTAL MEMBERSHIP DUES			\$ _____

Please note: If you join from October to December, your dues will be applied to the following year; receiving bonus months of membership.

MEMBERSHIP TYPE DESCRIPTIONS:

PAYMENT INFORMATION:

REALTOR MEMBERSHIP:

- Defined as a sole proprietor, partner, corporate officer, independent contractor or branch office manager, of a real estate office, provided the Employing Broker of said office and all individuals within the office are members of the local Pikes Peak Association of REALTORS® and are engaged actively in the real estate profession, including buying, selling, exchanging, renting, leasing, managing, appraising for others for compensation, counseling, developing or subdividing real estate, and who maintain or are associated with an established real estate office in the State of Colorado and who maintain an active Colorado Real Estate license.
- An individual real estate professional who has maintained an affiliation with the National Association of REALTORS® (NAR) and is current with their NAR annual dues in order that they may use their CCIM or SIOR accreditation may join SCCB as an individual Realtor Member, even if their Employing Broker and all other real estate professionals within their office are not Realtors associated with a local real estate board.

BROKER MEMBERSHIP:

- Defined as any individual member of a real estate office who, as a sole proprietor, partner, corporate officer, independent contractor or branch office manager, are engaged actively in the real estate profession, including buying, selling, exchanging, renting, leasing, managing, appraising for others for compensation, counseling, developing or subdividing real estate, and who maintain or are associated with an established real estate office in the State of Colorado and who maintain an active Colorado Real Estate License.

AFFILIATE ORGANIZATION MEMBERSHIP:

- Defined as any professional organization not qualifying for Realtor or Broker Membership and whose primary business is providing ownership, services or products to the industrial, office or related commercial real estate industry.

PUBLIC OFFICIAL MEMBERSHIP:

- Defined as any person not qualifying for Realtor or Broker Membership and is employed by a local, state or federal government or non-profit organization.

First Name _____ Last Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Check # _____ (Payable to SCCB)

Visa AMEX MasterCard Discover

Credit Card # _____

CVV# _____ Expiration: _____ / _____

Cardholder Name (Print): _____

Signature _____