



SCCB 2021 Mid-Year 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	Annual Yearly Dues	Prorated Dues Join Date/ Apr - June	Prorated Dues Join Date / July - Sept	Total Due
Realtor (Individual Member)	\$110.00	\$85.00	\$60.00	
Broker (Individual Member)	\$185.00	\$141.25	\$97.50	
Affiliate Organization (Two Members)	\$310.00	\$235.00	\$160.00	
Affiliate Organization—Additional Members	\$60.00	\$60.00	\$60.00	
Public Official Member (Individual Member)	\$110.00	\$85.00	\$60.00	

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

COMPANY/ORGANIZATION TITLE

STREET ADDRESS CITY & STATE ZIP COUNTRY

DIRECT PHONE MOBILE PHONE FAX

EMAIL WEBSITE

DESIGNATION (PLEASE CHECK THOSE THAT APPLY):

- ALC CCIM CRE SIOR SRS OTHER: _____

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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"/> 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 _____		

PLEASE MARK ALL THAT APPLY:

PROFESSIONAL SOCIETIES

<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 IS APPLICATION IS PROCESSED, YOU ARE AUTOMATICALLY

CATYLIST DATABASE

AS AN *EXCLUSIVE* BENEFIT OF YOUR SCCB MEMBERSHIP, YOU ARE ENTITLED TO RECEIVE DISCOUNTED PRICING FOR THE CATYLIST DATABASE. TO ENROLL IN THE NEW DATABASE, PLEASE COMPLETE THE FOLLOWING STEPS ACCORDINGLY:

STEP 1: CHECK THE BOX CONFIRMING YOUR PARTICIPATION: YES OR NO

STEP 2: VISIT THE WEBSITE FOR THE SCCB DATA PROVIDER CATYLIST: SCCB.CATYLIST.COM AND REQUEST YOUR PASSWORD AND YOU WILL BE PROMPTED FOR BILLING INFORMATION AFTER YOU LOG IN. SCCB MEMBER PRICING IS \$70/ MONTH. SUBMIT QUESTIONS TO:

CATYLIST
ATTN: STEVE GOLIN
SGOLIN@CATYLIST.COM

STEP 3: CATYLIST DATABASE TRAINING WEEKLY WEBINAR'S: SIGN UP TO LEARN MORE ABOUT THE SCCB DATA PROVIDER. SIGN UP FOR ONLINE TRAINING BY [CLICKING HERE](#).



SCCB 2020 Membership Information

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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:

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.

PAYMENT INFORMATION:

First Name _____ Last Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Check # (Payable to NAIOP - Colorado Chapter)

Visa AMEX MasterCard Discover

Credit Card # _____

CVV# _____ Expiration: _____ / _____

Cardholder Name (Print): _____

Signature _____