



ARCADIA ASSOCIATION OF REALTORS®

Association and MLS Activation Form

Date: _____

Agent Name: _____ MLS ID#: A _____

Office Name: _____ MLS Office Code: _____

Effective Date of Activation: _____

Activating Association: Activating MLS:

Supra ActiveKEY/eKEY Serial Number: _____

AAR Broker Signature: _____

Payment:

MasterCard Visa

C.C. #: _____ CID #: _____ Exp. Date: _____
(Last 3 digits on back of card)

Signature: _____

<u>FOR ASSOCIATION OFFICE USE ONLY</u>			Received by: _____	
Outstanding Invoices: _____				
Paid MLS: _____				
Paid: N.A.R. Yes / No C.A.R. Yes / No A.A.R. Yes / No				
Membership <input type="checkbox"/>	MLS <input type="checkbox"/>	Supra <input type="checkbox"/>	NRDS <input type="checkbox"/>	Bookkeeper <input type="checkbox"/>