



ARCADIA ASSOCIATION OF REALTORS®

Association and MLS Activation Form

Date: _____

Agent Name: _____ MLS ID#: A _____

Office Name: _____ MLS Office Code: _____

Email: _____ Cell Phone: _____

Effective Date of Activation: _____

Activating Association: Activating MLS: Activate Supra eKey:

AAR Broker Signature: _____

Please check method of payment:

Check MasterCard Visa Cash

C.C.#: _____ CID: _____ Expiration Date: _____

FOR ASSOCIATION OFFICE USE ONLY

Received by: _____

Membership

MLS

Supra

NRDS

Bookkeeper