

# YOLO COUNTY ASSOCIATION OF REALTORS®



## 2025 MASTERS CLUB APPLICATION

Current Status in Masters Club (not including this year): **YOU MUST CHECK A BOX**

First Year Member    Masters Club Member 1 - 4 years    Life Member 5 - 9 years  
 Outstanding Life Member 10 + years    Presidential Award (25<sup>th</sup> Year)

### APPLICANT INFORMATION

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

Company: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

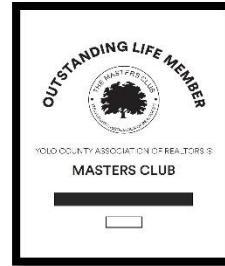
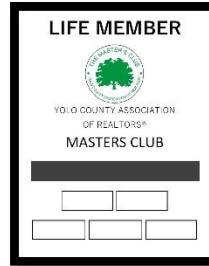
### DUES (REQUIRED)

Yolo AR Masters Club Dues - \$75.00 **(Required)** **\$75**  
 Late Fee \$50 (you may not receive any advertising in Masters Club publications) **\$\_\_\_\_\_**  
 SAR Reciprocal Dues - \$85.00 *(Optional - if you would like to be listed as a Masters Club member at SAR)* **\$\_\_\_\_\_**

**TOTAL THIS CATEGORY: \$\_\_\_\_\_**

### AWARDS

Name on Award (if different than above): \_\_\_\_\_



Masters Club Plaque (year plate comes with plaque) \$80 **\$\_\_\_\_\_**

Brass Year Plate For Single Year \$15 **\$\_\_\_\_\_**

**TOTAL: PLAQUES & YEAR PLATES \$\_\_\_\_\_**

**TOTAL DUES & AWARDS FEES \$\_\_\_\_\_**

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**DEADLINE TO SUBMIT APPLICATION - JANUARY 30TH**

**2025 Qualifications Minimum:**

**\$4.0 Million in production and 8 transaction ends OR 20 transaction ends**

**Note:** If your Masters Club report does not reach the minimum qualifications, please complete the form below.

<b>Property Address:</b> _____	<b>Property Address:</b> _____
<b>Closing Date:</b> _____	<b>Closing Date:</b> _____
<b>Sales Price:</b> _____ <input type="checkbox"/> List <input type="checkbox"/> Sell <input type="checkbox"/> Both	<b>Sales Price:</b> _____ <input type="checkbox"/> List <input type="checkbox"/> Sell <input type="checkbox"/> Both
<b>Amount of Credit Earned for Masters Club:</b> _____	<b>Amount of Credit Earned for Masters Club:</b> _____
<input type="checkbox"/> Hud-1 <input type="checkbox"/> Out of Area MLS Print Out	<input type="checkbox"/> Hud-1 <input type="checkbox"/> Out of Area MLS Print Out
<b>Property Address:</b> _____	<b>Property Address:</b> _____
<b>Closing Date:</b> _____	<b>Closing Date:</b> _____
<b>Sales Price:</b> _____ <input type="checkbox"/> List <input type="checkbox"/> Sell <input type="checkbox"/> Both	<b>Sales Price:</b> _____ <input type="checkbox"/> List <input type="checkbox"/> Sell <input type="checkbox"/> Both
<b>Amount of Credit Earned for Masters Club:</b> _____	<b>Amount of Credit Earned for Masters Club:</b> _____
<input type="checkbox"/> Hud-1 <input type="checkbox"/> Out of Area MLS Print Out	<input type="checkbox"/> Hud-1 <input type="checkbox"/> Out of Area MLS Print Out

Add Totals from Masters Club Report & From Above:

Total Transactions Ends \_\_\_\_\_ Total Volume \$ \_\_\_\_\_

### SIGNATURE & VERIFICATION

#### **SIGNATURE & VERIFICATION (Required)**

Please note: Each applicant is responsible for completing and submitting his/her own application. Incomplete or inaccurate applications will be returned for correction and may incur a late charge if submitted after the deadline. I certify that all figures shown on this application and within the supporting documentation are true and correct and I authorize you to contact the title companies if necessary. I agree to abide by the Masters Club Standing Rules.

**SIGNATURE REQUIRED**

Agent Signature: \_\_\_\_\_

 **SIGN HERE PLEASE!**

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Complete:  Yes  No

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## 2025 MASTERS CLUB APPLICATION

### PAYMENT

#### PAYMENT

<input type="checkbox"/> Total Masters Club Dues (see page 1)	\$75
<input type="checkbox"/> SAR Reciprocal Dues (see page 1)	\$_____
<input type="checkbox"/> Late Fee \$50 ( <i>you may not receive any advertising in Masters Club publications</i> )	\$_____
<input type="checkbox"/> Total amount from Award Plaques & Plates (see page 1)	\$_____
	Total Due with Application \$_____

Application fees may be paid in Cash/Check or Credit Card.

One time credit card payment authorization

Account Type:  Visa  MasterCard  American Express  Cash  Check #\_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the Yolo County Association of REALTORS® to charge my credit card account for the above amount.

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

Email address for receipt: \_\_\_\_\_

***This portion of the application will be shredded once payment is processed.***