



NORTH SAN DIEGO COUNTY  
**REALTORS**

## 2026 SENTRILOCK RECIPROCAL KEY AGREEMENT FORM

### Agent Information

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ DRE License #: \_\_\_\_\_ Ex Date \_\_\_\_\_

E-mail: \_\_\_\_\_

### Office Information

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

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Broker DRE License # \_\_\_\_\_

### **General Terms and Conditions of Key Agreement**

I agree to abide by the bylaws, policies, and rules of the North San Diego County Association of REALTORS®. I understand that all Association membership dues and fees are non-refundable. In the event I fail to maintain eligibility for membership, or wish to terminate membership, for any reason, I understand I will not be entitled to a refund of my dues and fees. I understand that Reciprocal Membership with the North San Diego County Association of REALTORS® is an individual membership and is non-transferable.

Permission to communicate: By signing below, I expressly authorize the Board/Association, including the local, state and national, or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. Mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Board/Association.

Security of Lockbox Key System: I acknowledge that it is necessary to maintain security of the lockbox system by not lending or making available the lockbox key to any person, even if an authorized MLS user. Only one lockbox key will be assigned per member. I further agree to follow all additional security procedures as specified by the MLS Rules and Regulations and the Key User Agreement.

**I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.**

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

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

**Payment Info:**

Cash

Credit Card

Check

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Please check services you would like to purchase:

Reciprocal Key Processing Fee - \$75.00

Annual Key Fee - \$99.00\*\* (Pro-rated Monthly\*)

Sentrilock Lockbox Purchase \$165.00\*\* + Tax (this is purchase, we do not loan or take returns)

Total to be charged: \$ \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Pro-rate Senti Key Fee:

January \$99.00

February \$90.75

March \$82.50

April \$74.25

May \$66.00

June \$57.75

July \$49.50

August \$41.25

September \$33.00

October \$24.75

November \$16.50

December \$8.25

\*\*Dues and Fees are subject to change

A letter of good standing from your current Association is required before the application can be processed.

**Office Use**

Member #: \_\_\_\_\_ Office #: \_\_\_\_\_

Sentrikey #: \_\_\_\_\_

Lockbox #: \_\_\_\_\_

Processed Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_