

MLS ONLY BROKER APPLICATION FOR MEMBERSHIP

COMPANY INFORMATION

Name _____ Phone _____ Fax _____

Address _____ City/ST _____ Zip _____

PERSONAL INFORMATION

Name of Applicant _____
Last First TREC License No:

Address _____ City/ST _____ Zip _____

Primary Contact # _____ E-Mail _____

Are you the Broker of Record for your Company? No Yes **If no, who is the Broker?** _____

Are you a Primary member of any other Board of REALTORS? No Yes **If so where?** _____

NRDS# _____

Have you previously held membership in any other Board of REALTORS? No Yes **If so, where?** _____

NRDS# _____

Have you ever been denied membership or been expelled by any Board of REALTORS? No Yes **If so, why?** _____

Have you ever been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No **If yes, give details on the back of this application.**

I hereby apply for (MLS ONLY) membership in the above named Board, enclosing my payment in the amount of \$_____. In the event of my acceptance, I agree to abide by its Constitution, By-Laws, and Rules and Regulations, and the Code of Ethics of the National Association of REALTORS. I irrevocably waive all claims against the Board or any of its officers, directors or members, for any act in connection with the business of the Board, and particularly as to its or their acts in accepting or failure to accept, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a member. Upon the expiration of said membership for any cause, I will return to the Board all SentiLock SentiCards, SentiLock Lockboxes, or other indications of MLS Only membership in the Board.

I agree to pay the established, non-refundable, fees of this Board promptly as long as I remain a member, and I understand that the present fees are :

Initiation/Orientation fee \$150.00, MLS dues \$ _____ per qtr. and SentiCard \$25.00

* Amount shown is prorated according to month joining.

Signed: _____ Date _____ Board Representative _____



Staff Use Only:

Type of payment: Cash Check # _____ Money Order # _____

