COMPLETE THIS PAGE ONLY IF YOU ARE APPLYING FOR NEW OFFICE MEMBERSHIP

Office Name:					
Office Address:					
Check Whether:	Corporation	Partnership	Individual	d/b/a	
State Position with Firm:	Principal Independent C	Partner Contractor	Corporate Officer Other	Employee	
If "Other," please explain:					
Is the Office Address stated			Yes	No	
If not, or if you have any b	ranch offices, please in	dicate and give addre	esses:		
Are you actively engaged i	n the real estate busines	ss?	Yes	No	
Established in present loca	tion on				
Last previous location(s) o	n:				
Name of Designated REAI	LTOR® ("D.R."):				
Are you applying for prima	ary or secondary memb	ership?			
Do you want MLS access?			Yes	No	
Do you want lock box priv	ileges?		Yes	No	
Location of Escrow Accou	nt:				
Escrow Account Number:					
Credit Reference:					
Personal Reference: (Name of	of Association member preferable)			
I hereby certify that the for requested, or any misstatem of my office, I agree that m National Association of REA Rivers Association of REA shall be individually respon	regoing information is nent of fact, shall be gro by office shall arbitrate EALTORS® and further LTORS®. I further und	true and correct, and unds for revocation o all business disputes agree that my office s erstand and agree tha	I agree that failure to prof f my membership, if grand in accordance with the C shall comply with the Byl t either myself or any other	ovide complete and acc ted. As a condition of m ode of Ethics and Arbiti aws and Rules and Regu er person appointed by r	embership on behalf ration Manual of the ulations of the Three ny office as the D.R.
SIGNED:			DATE:		

NEW OFFICE MEMBERSHIP

Please list the name, license number and primary board/association affiliation for all licensees in your office. (There must be a Designated REALTOR® in that board/association to qualify for primary membership.)

Licensee Name		License Number	Primary Board/Association
	_		

Each licensee will be required to complete an appropriate membership application.



MULTIPLE LISTING SERVICE PARTICIPANT APPLICATION AND AGREEMENT

Name of Multiple Listing Service Participant Applicant (Broker/Owner, Designated REALTOR®, Responsible Party): _____

Office Name:

Address:	Street	City	State	Zip
Phone:	Fax:	Cell:		Other:
REALTOR® me	ember having the right to designate the l	Designated REALTOR®:		
	(NOTE: There must be a Designated I	REALTOR® member to participate	in the Three Rivers Associati	on MLS)
Designated REA	ALTOR®:			
REALTORS®, I as the MLS Part My initial partic every three more	and/or Designated REALTOR® of the above thereby make application to participate in the ficipant. I agree to conform to the Rules cipation fee is submitted with this Appoinths): All participation fees for myself and my firm;	n the Multiple Listing Service and Regulations of the MLS lication. Further, I agree to b	(MLS) of the Three Rive and to pay all financial of the responsible for the pa	rs Association of REALTORS® bligations as described therein yment of the following (billed
2.	All costs for licensees and/or certific computer charges and input fees;	ed appraisers employed by, a	ffiliated with or licensed	d to me or my firm for books,
3.	All fines, service charges or other fine	ancial obligations to the MLS	for the firm;	
4.	All participation fees and costs for un under the direct supervision of the Part			
month after the	at if service charges, fees, fines or other due date, services to my firm shall be su at all multiple listing services to me, my m shall cease.	spended. In the event of susp	pension or termination of	f my REALTOR® membership,
payment of all f be executed and participation fee	rstand and agree that as Applicant for Innancial obligations of the firm named he accepted. Finally, I understand that it es and costs for multiple listing services ble attorneys' fees in connection with su	erein to the MLS unless and use the Association deems it necessary, the Association may not only	antil a new Participant A cessary to file a civil act	pplication and Agreement shall ion to recover from me unpaid
SIGNED:		Ţ	ATE.	



APPLICATION FOR MLS MEMBERSHIP (SUPPLEMENT TO ASSOCIATION APPLICATION)

I hereby apply for <u>Multiple Listing Service</u> membersh Designated REALTOR® of my firm, understand that I further qualification, except payment of required dues Rivers Multiple Listing Service and the Midwest Rea	am the "Participant" and fees and agreem	and "Member" of the Multiple Listin	ng Service without	
Name of firm:				
	L LICENSEES IN			
Licensee Name:		License Number:		
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I certify that the information provided above is true and licensed at this office.	l correct, and the licer	nsees named are all of the full and par	t-time salespersons	
SIGNED:		DATE:		