

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

Office Name: _____

Office Address: _____

Check Whether:	Corporation	Partnership	Individual	d/b/a
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State Position with Firm:	Principal	Partner	Corporate Officer	Employee
	Independent Contractor		Other	

If "Other," please explain: _____

Is the Office Address stated above your principal place of business? Yes No

If not, or if you have any branch offices, please indicate and give addresses: _____

Are you actively engaged in the real estate business? Yes No

Established in present location on _____

Last previous location(s) on: _____

Name of Designated REALTOR® ("D.R."): _____

Are you applying for primary or secondary membership? _____

Do you want MLS access? Yes No

Do you want lock box privileges? Yes No

Location of Escrow Account: _____

Escrow Account Number: _____

Credit Reference: _____

Personal Reference: _____

(Name of Association member preferable)

I hereby certify that the foregoing information is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. As a condition of membership on behalf of my office, I agree that my office shall arbitrate all business disputes in accordance with the Code of Ethics and Arbitration Manual of the National Association of REALTORS® and further agree that my office shall comply with the Bylaws and Rules and Regulations of the Three Rivers Association of REALTORS®. I further understand and agree that either myself or any other person appointed by my office as the D.R. shall be individually responsible for all financial obligations of my office to the Three Rivers Association of REALTORS®.

SIGNED: _____ DATE: _____

303 Springfield Avenue, Joliet, IL 60435
Phone: 815/744-4520
Email to: hailey@trarealtors.net
www.trarealtors.net

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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



MULTIPLE LISTING SERVICE PARTICIPANT APPLICATION AND AGREEMENT

Office Name: _____

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

Address: _____
Street City State Zip

Phone: _____ Fax: _____ Cell: _____ Other: _____

REALTOR® member having the right to designate the Designated REALTOR®: _____

(NOTE: There must be a Designated REALTOR® member to participate in the Three Rivers Association MLS)

Designated REALTOR®: _____

As the owner and/or Designated REALTOR® of the above real estate firm and as a REALTOR® member of the Three Rivers Association of REALTORS®, I hereby make application to participate in the Multiple Listing Service (MLS) of the Three Rivers Association of REALTORS® as the MLS Participant. I agree to conform to the Rules and Regulations of the MLS and to pay all financial obligations as described therein. My initial participation fee is submitted with this Application. Further, I agree to be responsible for the payment of the following (billed every three months):

1. All participation fees for myself and all licensees or certified appraisers employed by, affiliated with or licensed to me or my firm;
2. All costs for licensees and/or certified appraisers employed by, affiliated with or licensed to me or my firm for books, computer charges and input fees;
3. All fines, service charges or other financial obligations to the MLS for the firm;
4. All participation fees and costs for unlicensed personal assistants or appraiser certification candidates or trainees who work under the direct supervision of the Participant of a licensee or certified appraiser employed by or affiliated with the Participant.

I understand that if service charges, fees, fines or other assessments which include any amount owed to the MLS are not paid within one (1) month after the due date, services to my firm shall be suspended. In the event of suspension or termination of my REALTOR® membership, I understand that all multiple listing services to me, my firm and licensees and certified appraisers employed by, affiliated with or licensed to me or my firm shall cease.

Further, I understand and agree that as Applicant for Multiple Listing Service participation, I shall remain personally responsible for the payment of all financial obligations of the firm named herein to the MLS unless and until a new Participant Application and Agreement shall be executed and accepted. Finally, I understand that if the Association deems it necessary to file a civil action to recover from me unpaid participation fees and costs for multiple listing services, the Association may not only recover the amount of such unpaid fees and costs, but also its reasonable attorneys' fees in connection with such litigation.

SIGNED: _____ DATE: _____



**APPLICATION FOR MLS MEMBERSHIP
(SUPPLEMENT TO ASSOCIATION APPLICATION)**

I hereby apply for Multiple Listing Service membership and enclose my check in the amount of \$_____. I, as the Designated REALTOR® of my firm, understand that I am the "Participant" and "Member" of the Multiple Listing Service without further qualification, except payment of required dues and fees and agreement to abide by the Rules and Regulations of the Three Rivers Multiple Listing Service and the Midwest Real Estate Data LLC.

Name of firm: _____

NAMES OF ALL LICENSEES IN YOUR OFFICE

Licensee Name:

License Number:

I certify that the information provided above is true and correct, and the licensees named are all of the full and part-time salespersons licensed at this office.

SIGNED: _____

DATE: _____