

MARCO ISLAND AREA ASSOCIATION OF REALTORS®
140 WATERWAY DRIVE, MARCO ISLAND, FL 34145
(239) 394-5616 FAX(239) 394-8149

APPLICATION TO JOIN
MARCO MULTI-LIST, INC.

FIRM INFORMATION

I, _____ a duly licensed
real estate broker in the State of Florida _____, do hereby apply to
participate in Marco Multi List, Inc. (MLS) as the principal Broker and duly authorized representative
of: _____,

_____ Broker License #
_____ Firm Name _____ CQ/BO Certificate #
for the purpose of submitting listings and receiving the services provided by the MLS. I will be known as the
"Participant" in the MLS.

I acknowledge the confidentiality of the MLS compilations and I understand it is copyrighted material and
protected under US Laws. I warrant that I have the capacity and thereby grant and convey to the MLS intellectual
property rights for all the data submitted for inclusion in the MLS compilation. I have fully read the MLS Rules and
Regulations and By-Laws and agree to abide by them.

I understand that as the Participant I shall have all rights, benefits, and privileges of the MLS as accorded in the
By-Laws and accept all obligations to the MLS for the firm I represent. I will ensure compliance with the Rules and
Regulations and the By-Laws of the MLS and accept responsibility for all financial obligations for all persons
(Subscribers) associated/licensed with me and/or the Firm.

I attach check # _____ in the amount of \$ _____ for the application fee.

Date: _____

Participant's Signature: _____

Participant's Name Printed: _____

Firm Name: _____

Firm Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Website: _____

OFFICE USE ONLY

Date Received: _____

MLS Office #: _____

Entered in MMSI: _____

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FIRM INFORMATION

FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm:

Have you ever been refused membership in any other Association of REALTORS®? [] Yes [] No
If yes, state the basis for each such refusal and detail the circumstances related thereto:

Is the Office Address, as stated, your principal place of business? [] Yes [] No
If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? [] Yes [] No
If so, where:

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide details:

I hereby certify that the foregoing information furnished by me 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

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: _____

Signature: _____

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APPLICANT INFORMATION

Name: _____

Real Estate License #: _____

Licensed certified appraiser: Yes No

Appraisal License #: _____

Office Name: _____

Office Address: _____ **Zip:** _____

Office Phone: _____ **Fax:** _____ **E-Mail:** _____

Residence Address: _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Cell Phone: _____

Preferred Mailing: Home Office **Preferred Phone:** Home Office Cell

Are you presently a member of any other Association of REALTORS®? Yes No

If YES, Name of Association _____

Have you previously held membership in any other Association of REALTORS®? Yes No

Have you 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, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS)

#: _____

and last date (year) of completion of NAR's Code of Ethics training requirement: _____.

Are you a principal, partner, corporate officer or branch office manager? Yes No **If yes, you must also complete 2nd page of this application.**

I hereby certify that the foregoing information furnished by me 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. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Marco Island Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

I will comply with the requirements of the Marco Island Area Association of REALTORS®, Inc. and shall adhere to the Code of Ethics of the National Association of REALTORS®.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: _____

Signature: _____

Password for MLS Access: _____ (up to 7 alpha/numeric case sensitive characters)

MLS Participation Agreement

Check Which Box Applies and Sign Below

For MLS Participants who are joining as members of the Marco Island Area Association of Realtors® (MIAAOR)

Name of Participant: _____

Office Address: _____

Primary Board or Association: Marco Island Area Association of Realtors®

I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and other obligations of participation including payment of fees. I confirm that I currently, and will on a continual and ongoing basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS and/or accept offers of cooperation and compensation made by other Participants through the MLS. I agree that I must continue to engage in such activities during my participation in the MLS. I acknowledge that failure to abide by these conditions of participation on an ongoing basis may result in potential suspension or termination of MLS participatory rights after a hearing in accordance with the MLS's established procedures.

For MLS access by REALTOR® (principals) or a firm comprised of REALTOR® (principals) who are not members of MIAAOR

Name: _____

Office Address: _____

Primary Board or Association: _____

I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees. I confirm that I currently, and will on a continual and ongoing basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS and/or accept offers of cooperation and compensation made by other Participants through the MLS. I agree that I must continue to engage in such activities during my participation in the MLS. I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the board/association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed .

Signature _____

Date _____

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Orientation & MLS Training Classes

1. Attendance at the MLS portion of Orientation Program for Brokers is **mandatory** if joining as Participant only (MLS portion is **10:45am to 12pm** on the first day of Orientation dates)
2. Attendance at full Orientation Program and MLS Training Class is **mandatory** if becoming a MIAAOR member

2010 ORIENTATION SCHEDULE (Dates subject to change):

January 5 - 6	July 6 - 7
March 2 - 3	September 7 - 8
May 4 - 5	November 2 - 3

2010 MLS TRAINING CLASSES all class are 8:30am to 12 pm – Cost \$45.00

January 7	May 6	September 2
February 25	July 8	November 4

You have 90 days to complete the Orientation Process. **If you do not complete it in 90 days your application will be voided and you will need to re-apply for membership to be eligible for services, and may require additional dues.**

• **For MLS Participant**

Application Fee: \$500.00 for Realtors (NRDS ID number required)
\$750.00 for non-Realtors (Thompson Brokers)
Office Access Fee: \$80.00 per month, per office*
Participant/Subscriber Access Fee: \$30.00 per month, per licensee*
\$55.00 per month, for non-Realtors (Thompson Brokers)*

* Subject to change without notice.

As a policy, Marco Multi List bills the Participant (Broker) for all licensees affiliated with the Participant. It is the responsibility of the Participant to notify Marco Multi List by means of a copy of the FREC 2050 form to drop or add new associates (Subscribers). Marco Multi List will bill the Participant for non-reported licensee(s) from the date of affiliation with the Participant.

SEND IN:

- () *Completed application form*
- () *Check for total amount due*
- () *Copies of current individual and business licenses*
- () *Member in Good Standing Letter if presently or previously a member of another board*

To access our MLS go to www.marcoareams.com. Your logon is your license number (without SL or BR) and your password is the one selected by you on your application.

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APPLICATION FOR REALTOR® MEMBERSHIP

Biographical Information: (Optional)

This information is solely for Association use. You do not have to complete this section.

Date of Birth: _____ Sex: () Male () Female
(Mo/Day/Yr)

First entered real estate business _____ in _____
(Year) (County/State)

Real Estate Designations held: GRI CRS CRB CPM CCIM PMN Other _____

What foreign languages do you speak? _____

How long have you lived in Southwest Florida? _____

Where did you move from? _____

Home town _____ State _____

Education: name of college or university and degree _____

Previous type of business experience: _____

Have you ever held elective or appointive office in any governmental body, service club, or other organization? Please specify: _____

Have you ever done any public speaking and on what subject(s)? _____

Talents (Singing, Acting, etc.) _____