

## 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 agree to abide by the MLS Rules  
and Regulations and By-Laws posted on [www.marcoareamls.com](http://www.marcoareamls.com)

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: \_\_\_\_\_

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

MLS Office #: \_\_\_\_\_

Entered in MMSI: \_\_\_\_\_

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

**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:

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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:

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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:

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

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

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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:

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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 2<sup>nd</sup> 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: \_\_\_\_\_

**Temporary Password for MLS Access will be issued to you once your application is approved**

# 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** \_\_\_\_\_

**MLS Participation Affidavit**  
**Designated Broker or Firm**

**I Agree to abide by the MLS Rules and Regulations, posted on [www.marcoareams.com](http://www.marcoareams.com) and wish to participate in the Multiple Listing Service, and agree to hold myself responsible that all those registered with me will do the same.**

**I further agree not to pass any confidential MLS information including confidential log-in and passwords to any unauthorized person. Failure to live up to these requirements will subject me and/or my associates to suspension, a fine up to \$1,000.00 or immediate expulsion.**

**I understand that this application includes myself and all REALTORS® registered with my firm as of this date and I will pay initial fees as required.**

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Print Name of "Designated" REALTOR®

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Signature of "Designated" REALTOR®

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Date

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Name of Firm

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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.) \_\_\_\_\_

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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.**

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• **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](http://www.marcoareams.com). Your logon is your license number (without SL or BR) and your password.