



## APPLICATION FOR REALTOR® MLS OF CHOICE

\_\_\_\_\_ I hereby apply for REALTORS® of Central Colorado, Inc. MLS of Choice.

I understand that:

- The application fee is nonrefundable.
- I must currently be a member of an association of realtors.
- I must be in good standing with my current association, (i.e. annual dues and ethics compliance).
- My employing broker will be billed monthly for MLS fees.
- As a broker, I am responsible for all monthly fees for ROCC MLS participants in my office.

***NOTE:** Applicant acknowledges that if accepted as an MLS of Choice participant and he or she terminates that participation, there will be \$100.00 fee charged upon any future return. If an MLS of Choice participant has held primary or secondary membership with ROCC within the past five years and wishes to rejoin the association as a primary or secondary member on or before December 31, 2018, the \$100.00 returning member fee will be waived.*

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, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the REALTORS® of Central Colorado are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Employing Broker's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

## MLS Of Choice Participation Agreement

(Sign and Date for access to the MLS system)

I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and regulations and other obligations of participation, including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members, as established in the *Code of Ethics and Arbitration Manual*, 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 suspension or termination of MLS rights and privileges and that I may be assessed an administrative processing fee not to exceed \$500 which may be in addition to any discipline, including fines, that may be imposed.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Employing Broker's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**NOTE: MLS Fees will be billed to your employing Broker Monthly.**

<b>PERSONAL INFORMATION:</b>					
First Name		Middle Name			
Last Name		Suffix: Jr, III, Sr, Etc.			
Nickname (DBA):					
Date of Birth:					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Personal Fax:					
E-mail Address:					
Secondary E-mail:					
Real Estate License #					
Licensed/Certified Appraiser: Yes ___ No ___		Appraisal License #			

<b>PREFERRED MAILING/CONTACT INFORMATION:</b>					
Desired Password for Association Site (Otherwise, this will be your last name.):					
Preferred Phone: ___ Home ___ Office ___ Cell					
Preferred E-mail: ___ Primary E-mail ___ Secondary E-mail					
Preferred Mailing: ___ Home ___ Office ___ Other					
Mail Publications to: ___ Home ___ Office ___ Other					
<b>Other Mailing Alternate:</b>					
Address:					
City:		State:		Zip:	
<b>Applicant Website Address:</b>					

<b>COMPANY INFORMATION: IS THIS IS A NEW FIRM IN THIS ASSOCIATION Yes ___ No ___</b>					
Office Name:					
Office Address, City, State, Zip					
Employing Broker					
Office Manager					
Company R/E License #					
Firm Website Address:					
Office Phone:		Fax:			

**APPLICANT INFORMATION:**

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 \_\_\_\_

If yes, name of Association

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.)

If you are now or have ever been a REALTOR®, indicate your NAR

membership (NRDS) #

Last date (year) of completion of NAR's Code of Ethics training requirement:

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:

Address:

City:

State:

Zip:

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 or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? Yes \_\_\_\_ No \_\_\_\_

If yes, provide details:

Have you or your firm been convicted of a felony or other crime? Yes \_\_\_\_ No \_\_\_\_

If yes, provide details: