



MID CAROLINA REGIONAL MLS

140 Turner Street, Southern Pines, NC 28387

910-692-8988 Membership@MCRAR.com Accounting@mcrar.com

Participant Application for the Multiple Listing Service

I hereby apply to participate in the Mid Carolina Regional MLS, Inc. (MCRMLS). Attached is a check for the MLS Firm Application, made payable to MCRMLS in the amount of \$ _____. Attached is also a check for the first month MLS dues for the Participant, made payable to MCRMLS in the amount of \$ _____. I understand both fees will be returned in the event of non-election.

I agree to abide by the MCRMLS *Bylaws* and the *Rules and Regulations*. I also agree to arbitrate business disputes with other Participants and Subscribers through the Mid Carolina Regional Association of REALTORS® (MCRAOR) *Professional Standards* process.

I understand that providing my mailing address, email address, telephone number and fax number I consent to receive communications sent by or on behalf of MCRMLS and its subsidiaries and affiliates via regular mail, email, telephone or fax or text.

By submitting this application, I acknowledge and/or certify that:

- All monthly MCRMLS invoices are due and payable upon receipt.
- All changes, additions and deletions to the company roster of Real Estate licensees will be reported in writing to MCRMLS within ten (10) working days.
- All changes to Firm contact information, including company name, address or telephone number will be reported in writing to MCRMLS within ten (10) working days.
- All information contained herein is true and accurate to the best of my knowledge.

Participant Name *(as shown on license)*:

_____ Nick Name: _____

NC Real Estate License #: _____ Firm Name: _____

Participant Home Address: _____
(City, State ZIP Code)

Participant Cell Phone #: _____ Participant Cell Phone Provider: _____

Participant Fax # _____ Participant Email: _____

*Participant Primary Association of REALTORS®: _____

____ I request my Supra eKey be co-operated

eKey Serial # _____ PIN: _____

Attached is a check for the eKey co-operation fee, made payable to MCRMLS in the amount of \$ _____.

*** MCRAOR Association Member Participants must be a REALTOR® member of another Association.**



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Firm Name: _____

Firm Address: _____
(City, State ZIP Code)

Firm License #: _____ Firm Phone #: _____ Firm Fax #: _____

Firm Website Address: _____

*Firm Primary Association of REALTORS®: _____

Form of Business _____ Sole Proprietor _____ Corporation _____ Partnership

Officers/Partners: (Use additional sheets if necessary)

| Name (as shown on license) | Association | License Type | License # | Home Phone # |
|----------------------------|-------------|--------------|-----------|--------------|
| | | | | |

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| | | | | |

Participant Signature _____ Date _____

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