



**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). 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 <i>(as shown on license)</i>	Association	License Type	License #	Home Phone #

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Officers/Partners: *(Use additional sheets if necessary)*

Name <i>(as shown on license)</i>	Association	License Type	License #	Home Phone #

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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