



APPLICATION FOR BRANCH MEMBERSHIP

COMPANY INFORMATION:				
Office Name:				
Office Address:				
Office Phone:		Fax:		
Office Type:				
COMPANY INFORMATION FOR BROKERS ONLY:				
Office Formal Name:				
Business Name:				
Company Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability)			
Company) <input type="checkbox"/> Other, specify	Sales Person Count:			
Your position:	<input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder			
<input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other				
Office Contact:	Designated REALTOR®:			
Names of other Partners/Officers of your firm:				
Is the office address provided above your principal place of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, or if you have a branch office, please provide that address:				
Address:				
City:		State:		Zip:
BILLING INFORMATION:				
Contact Name:				
Mailing Address:				
Office Phone:		Email:		

MLS Participation Agreement

I, _____ Designated

REALTOR® of _____
 (Name and Address of Firm)

hereby apply for participation in the MLS of the Ashland Board of REALTORS®. Enclosed is my check for \$350, the onetime initiation fee, which I understand will be returned in the event my application is not approved. Also enclosed is documentation verifying that my membership is current in my primary Board:

 (Name of Primary Association)

If accepted as an MLS Participant in the Ashland Board of REALTORS® MLS, I agree to abide by all relevant Bylaws, rules and other obligations, including payment of fees on a timely basis. I further agree to be bound by the Code of Ethics on the same terms and conditions as Ashland Board of REALTORS® members, including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes which other REALTORS® in accordance with the established procedures of the Ashland Board of REALTORS®. 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.

The Ashland Board of REALTORS® MLS Rules require the MLS Participation fee paid with this application. The Rules also call for an annual Participation fee of \$150 to be paid each January. Monthly billing is done for MLS services per the MLS Rules which includes a fee for the Broker and then a fee assessed to each agent who wishes to participate. Once an agent is involved in listing property in the jurisdiction of the Ashland MLS (Ashland County) then they too must participate and pay the fees accordingly. Participation in the Ashland MLS is required for at least a 3-month period.

Please list the Broker, Designated REALTOR® and Agents below who will be participating in the MLS:

(Please use additional sheets if necessary)

Name	Title	Email Address	Phone Number

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 Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Association of REALTORS® 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.

Dated: _____

Signature: _____