

**NEW DESIGNATED PARTICIPANT AND AGENT INSTRUCTION SHEET
(MLS ONLY)**

Call Sherrilyn Weaver with the Association of REALTORS® at 396-0256 to make an appointment. ALL FORMS OF PAYMENT ARE ACCEPTED. THE EXACT TOTALS WILL BE PROVIDED TO YOU PRIOR TO YOUR APPOINTMENT.

Plan to attend the new member Orientation within 90 days of membership.

Application fee for MLS Only Participants \$800.00

Dues and fees are paid in advance and are nonrefundable!

APPLICANTS FOR DESIGNATED REALTOR® MUST ATTACH A COPY OF THEIR REAL ESTATE LICENSE OR APPRAISER'S LICENSE OR CERTIFICATION.

PLEASE RETURN TO:

Complete the Fill in Application and fax to Sherrilyn Weaver 334-396-5516 or email completed application to sweaver@montgomeryareahomes.com

MLS Only

Application (\$800)

January	\$ 1,037.52
February	\$ 997.94
March	\$ 958.36
April	\$ 918.78
May	\$ 879.20
June	\$ 839.62
July	\$ 1,275.00
August	\$ 1,232.42
September	\$ 1,195.84
October	\$ 1,156.26
November	\$ 1,116.68
December	\$ 1,077.10

*MLS Billing Cycle is July 2018-June 2019

I request MLS Only Access and acknowledge that with MLS Only Membership, I will not have the access to SUPRA Keyboxes in our market area.

Membership Start Date: _____

Payments for membership can be submitted through Internet Membership Services (IMS). You will be notified through email when the invoices are created with more details.

Methods of Payment Accepted: Visa, MasterCard, Discover, American Express, Cash or Check

Annual Billing

MLS User Fees (Including RETS Fees) are due in July of each year

Name (Print) _____

Signature: _____

New Designated REALTOR® Office Information

Office Name _____

Formal Name _____

Has the office ever been/or currently is a REALTOR® office with another Association? YES NO

If Yes please provide your NRDS Number _____

Name of Association _____

License # _____

Office Address _____

Attn/Care of _____

Address _____

City, State, Zip _____

County _____

Mailing Address (If different from Physical Address)

Attn/Care of _____

Address _____

City, State, Zip _____

County _____

Office Phone _____

Office Fax _____

Email Address _____

Web Address _____

Broker Member _____

Office Manager _____

Main Office _____

Franchise Office _____

Designated Broker Information

Title _____ First Name _____

Last Name _____

MI _____ Generation _____

Full Name _____

Nickname _____

(Must match AREC License)

Birth Date _____ Gender _____

Join Date _____

License Type _____ Real Estate

_____ Appraiser

_____ Both

License Number _____

Have you ever been/or are you a REALTOR® with another Association in the past Three(3) years?

____ Yes ____ No If Yes please provide your NRDS Number _____

Name of Association _____

Phones Home/Cell _____

Personal Fax(If Applicable) _____

Preferred Phone _____

Email Address _____

Home Address _____

Atn/Care of _____

Street Address _____

City, State, Zip _____

I hereby apply for _____ Primary REALTOR®, _____ Secondary REALTOR®

Signature _____

Date _____

SECTION I

TO: THE MONTGOMERY AREA ASSOCIATION OF REALTORS®

I, _____ hereby apply for **DESIGNATED REALTOR**® membership in the Montgomery Area Association of REALTORS® and enclose my check in the amount of \$ _____ which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership to complete the orientation course of the Montgomery Area Association of REALTORS® and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the **Code of Ethics and Arbitration Manual** of the Association and the Constitutions, Bylaws and Rules and Regulations of the Montgomery Area Association of REALTORS® the Alabama Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may conditionally renew the membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the aware and such costs have not, in the interim, been otherwise satisfied. I hereby submit the following information for your consideration:



(PLEASE PRINT)

Mr. /Ms. _____ (as shown on license or name you wish to appear on the roster)

Type of License: Qualifying Broker License No. _____
 Associate Broker License No. _____
 Salesperson License No. _____
 Appraiser License No. _____
 Other (Please Specify) _____

Check whether: Sole Proprietor
 DBA
 Partnership
 Corporation

State position with firm: Principal
 Partner
 Office Manager
 Independent Contractor
 Corporate Officer
 Appraiser
 Employee
 Other _____

I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established.

Dated: _____ Signed: _____



SECTION II

State the names and titles of all other principals, partner or corporate officers of your firm.

_____	_____
_____	_____
Name(s)	Title(s)

Is the office address, as stated in Section I your principal place of business: Yes No

List the name and address of all branch offices or other real estate firms in which you are a principal, partner or corporate officer within the jurisdiction of the Board:

_____	_____
Name	Address

- Do you hold, or have you ever held, a real estate license or real estate appraiser’s certification or license in any other state? Yes No
If yes, What state: _____
- Has your real estate license or real estate appraiser’s certification or license, in this or any other state, been suspended or revoked? Yes No.
If “Yes”, specify the place(s) and date(s) of such action and detail the circumstances relating thereto in an attachment.
- Are there now any pending or unresolved complaints, or have there been within the past 5 years, any complaints against you or the firm with which you have been associates before any state real estate regulatory agency or any other agency of government? Yes No. If “Yes”, specify the substances of each complaint in each state, the agency before which complaint was made, the current status or resolution of such complaint and attach to this application.*
- If you have ever been convicted of a felony, attach details including state and court of conviction. Yes No
- Are you, or any real estate or appraisal firm in which you are a sole proprietor, general partner or corporate officer, involved in any pending bankruptcy or insolvency proceedings or have you or any real estate or appraisal firm in which you are a sole proprietor, general partner or a corporate officer been adjudged bankrupt in the past three (3) years? Yes No. If “Yes”, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto in an attachment.



SECTION III

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, may be grounds for revocation of my membership if granted.

Signed _____

SECTION IV

Information supplied under section IV is not required, but will assist the Association establishing historical data regarding its members. Information furnished under section IV will not be used in evaluating an applicant's qualifications for membership.

PERSONAL DATA

Highest level of education completed _____

First Licensed or certified in Alabama _____

Have you been engaged continuously in the business since then? Yes No
If no, during what years were you in the business? _____ to

In what phase of real estate do you specialize? _____

In what other business have you been engaged? _____

Established with present real estate or appraisal firm Yes No

Are you a member of any other real estate Association/Board Yes No
if "Yes", attach the names of each Association/Board, type of membership held and dates establishing the time period for which membership has been held.

Have you participated in a Multiple Listing service? Yes No

If yes, where? _____

Are you now employed or engaged in any other business or profession? Yes No

Montgomery Area Association of REALTORS® and Multiple Listing Service, Inc.

Membership disclosure and agreement:

I acknowledge and understand that the Montgomery Area Association of REALTORS® billing period is based on a calendar year (January-December). Cost for membership is calculated on the date of enrollment. Dues and fees are paid in advance, non-refundable

And/or

Multiple Listing Service Inc. billing period is based on a fiscal year (July 1, XX-June 30, XX). All services are paid in advance. Cost for membership is calculated on the date of enrollment. Dues and fees are paid in advance, non-refundable.

There are no refunds upon termination of membership and or services.

Print Name

Signature