



## MULTIPLE LISTING SERVICE MEMBERSHIP APPLICATION

To: NORTH CENTRAL INDIANA ASSOCIATION OF REALTORS®, 409 N. MICHIGAN ST., PLYMOUTH, IN. 46563

I hereby apply for membership in the above-named Multiple Listing Service, enclosing my check in the amount of \$1,000.00 new office membership, however, for each branch office there would only be a membership fee of \$300.00 for each additional branch office. Funds which will be returned to me in the event of non-election. In event of my election, I agree to abide by its Constitution, By-Laws and Rules and Regulations (copies of which will be sent upon acceptance of application as presented), and the Code of Ethics of the National Association of Real Estate Boards. I irrevocably waive all claims against the Multiple Listing Service or any of its officers, directors, or members, for any act in connection with business of the Multiple Listing Service, and particularly as to its or their acts in electing or failure to elect, advancing suspending, expelling or otherwise disciplining me as an applicant, or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of the term "Member Multiple Listing Service" in all advertising, verbal or written directly or indirectly. I hereby submit the following information for your consideration:

Name of Corporation \_\_\_\_\_ Corporation  
(as shown on license) License No. \_\_\_\_\_

Realtor/Appraiser \_\_\_\_\_  
License No. \_\_\_\_\_ Office Address \_\_\_\_\_  
(No P.O. Box) street City State zip code

Name of Firm: \_\_\_\_\_

Office telephone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ e-mail address \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_  
(No P.O. Box) street City State, zip code

Partners, Associates, Officers (if Corporation) \_\_\_\_\_  
(use additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Board Membership \_\_\_\_\_ Office NRDS # \_\_\_\_\_

Individuals licensed through this office, attach a separate sheet if necessary listing all with license number, individual telephone numbers and e-mail address along with their NAR NRDS number who affirmatively choose to subscribe to the MLS must be listed below or on an attached sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: ALL licensees who affirmatively choose to subscribe to the MLS must be listed above or on an attached sheet. Licensees who do not wish to subscribe to the MLS must be listed on the waiver sheet and designate the association MLS in which they are a participant.**

I agree to pay the established fees as long as I remain a member of this Multiple Listing Service.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Broker/owner applicant