



APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the Lakeland Association of REALTORS®, Inc. I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the State Association and the National Association, and, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the Association’s Bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the Association’s Bylaws as a continued condition of membership.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant’s certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

Name: _____ Real Estate License #: _____ Date of Birth: _____

Password (6-12 Characters/ cannot be: all the same number or letter, sequential or MFRMLS): _____

Are you a licensed/certified appraiser: ___ Yes ___ No If so, Appraisal License #: _____

Residence Address: _____
Street/P.O. Box City State Zip Code

Agent Direct Phone: _(____)_____ Fax: _(____)_____ Cell Phone: _(____)_____

E-Mail: _____

Preferred Mailing: ___ Home ___ Office Preferred Phone: ___Agent Direct ___Office ___Cell

Office Name: _____

Are you presently, or have previously held membership in any Association of REALTORS®? ___ Yes ___ No

If yes, Name of Association: _____ Last Year Dues Paid _____

What is/was your NAR membership # (NRDS): _____ Type of membership held: _____

Did you complete a New Member Orientation? ___ Yes ___ No Date Completed _____

Have you complete NAR’s Quadrennial Code of Ethics training? ___ Yes ___ No Date Completed _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? ___ Yes ___ No (If yes, provide details as an attachment.)

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 Lakeland Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. All fees and dues are non-refundable.

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.

Signature: _____ Date _____



MY FLORIDA REGIONAL MULTIPLE LISTING SERVICE
PARTICIPATION FEE/NEW OFFICE/ACTIVATION AGREEMENT
PARTICIPANT/SUBSCRIBER

This agreement is made on _____, 20____ between the PARTICIPANT or Subscriber and My Florida Regional Multiple Listing Service...

- o New Member Setup \$90
o New Company Processing Fee \$215
o Annual Participation Fee (Prorated) From _____ To _____ \$_____

The access issued to each Participant or Subscriber is unique and strictly confidential to that person. Authorized Participant./Subscriber or /Certified Appraiser agrees that should a disclosure of account information result in access by an unauthorized third party, authorized Participant./Subscriber or /Certified Appraiser may be subject to penalties as follows:

- (1) A fine of up to \$5,000 as determined by the Board of Directors for each occurrence will be assessed against any Participant./Subscriber/Certified Appraiser found to have allowed or provided access to the MFRMLS system by an unauthorized person.
(2) Permanent revocation of on-line access rights for the second instance.

In compliance with MFRMLS Rules and Regulations, this Agreement provides for the Participant./Subscriber or /Certified Appraiser, as a primary or secondary member, to gain immediate access to the MLS and Public Record database for use in listing, searching and retrieving the data contained therein. This right is contingent upon the PARTICIPANT, SUBSCRIBER or CERTIFIED APPRAISER completing the required training course within the 90-day period allowed. Failure to do so will result in suspension of the right to access the MLS database... The Participant./Subscriber or /Certified Appraiser agrees to comply with MFRMLS Rules and Regulations. Any other use, reuse, or resale of this data is prohibited. The term of this Agreement shall commence upon initiation of service to the Participant./Subscriber or /Certified Appraiser. The Agreement is not assignable. The Participant./Subscriber or /Certified Appraiser hereby indemnifies the Service and any Reciprocal Service and agrees to hold harmless from and against all claims, losses, damages, costs and expenses of any kind, including attorney's fees, and from liability to any person arising from a Participant./Subscriber or /Certified Appraiser.

Definition of MLS Participant. Any REALTOR® of any other Association/Board or any non-Realtor® who is a principal, partner, corporate officer, or branch office manager acting on behalf of a principal, without further qualification, except as otherwise stipulated in these rules, shall be eligible to participate in MFRMLS upon agreeing in writing to conform to the rules and regulations thereof and to pay the costs incidental thereto.* However, under no circumstances is any individual or firm, regardless of membership status, entitled to Multiple Listing Service "membership" or "participation" unless they hold a current, valid real estate broker's license and offer or accept cooperation and compensation to and from other Participants or are licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property.

** Use of information developed by or published by MFRMLS is strictly limited to the activities authorized under a Participant's licensure(s) or certification and unauthorized use is prohibited. Further, none of the foregoing is intended to convey "participation" or "membership" or any right of access to information developed by or published by a Board Multiple Listing Service where access to such information is prohibited by law.

COMPANY/PARTICIPANT, SUBSCRIBER, CERTIFIED APPRAISER INFORMATION

NEW (or current) Office/Company Name: _____ Firm#: _____
(Please Print)

OLD Office/Company Name: _____ Firm#: _____
(Please Print)

Your Name: _____ Member#: _____
(Please Print)

PAYMENT AND AUTHORIZATION - PARTICIPANT FEE
(Per Rules & Regulations, No refunds of participation fees will be issued.)

Attention Participant/Subscriber: MLS participation fees are paid by the authorized user directly to MFRMLS, 5032 Goddard Ave, Orlando, FL 32804. Due date is May 15 (annual). Penalties will apply to all payments not received by 5:00 P.M. The Principal Broker is ultimately responsible for the payment of all fees for participating licenses in his/her company.

NOTE: MLS FEES OR PRO-RATED MLS FEES ARE NOT REFUNDABLE.

(1) PLEASE CHOOSE ONE: [] MasterCard [] Visa [] AMEX [] Discover [] Check# _____

CC # _____ / _____ \$ _____
Exp Date _____ Total _____

Name On Credit Card (exactly as printed on card): _____

Billing Address for Credit Card: _____

SIGNATURE: _____

SIGNATURE REQUIRED STATING YOU AGREE TO THE ABOVE TERMS