

APPLICATION FOR MEMBERSHIP

MLS ONLY PARTICIPANT (DESIGNATED Participant)

SEVRAR | 1363 S. Vineyard | Mesa, AZ 85210 | Tel: 480-833-7510 | Fax: 480-835-1329 | www.sevrrar.com

NRDS# MLS AGENT ID # MLS OFFICE ID #

1. APPLICANT'S OFFICE INFORMATION (Must be filled out completely by the applicant.)

Ms. Miss Mrs. Mr. Dr.

Salutation _____ Full Name (as shown on license) _____ License Number or Certificate **(MUST BE INCLUDED)** _____

Name of Firm / Company _____ Broker _____ Appraiser _____

Physical Company Address **(Must match ADRE)** _____ Suite # _____

City _____ State _____ Zip _____

() _____ () _____ () _____

Telephone _____ Fax _____ Mobile _____

() _____

Preferred Phone **(Required by NAR)** _____ E-mail **(Required by NAR)** _____ Website _____

Mailing Address Different: Yes No If yes, _____

Mailing Address _____ Suite # _____

City _____ State _____ Zip _____

First entered the real estate business _____ at _____
(Date) (Company)

Have you been engaged continuously in the business since then? Yes No If not, during what years were you in the business? _____

How many years have you been active as a: Salesperson Broker Other: _____

Date first licensed in this State: _____

Check all that apply: Sole Proprietor DBA Partnership Corporation

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

State the names and titles of all other principals, partners, or corporate officers of your firm:

(Name) _____ (Title) _____

(Name) _____ (Title) _____

(Name) _____ (Title) _____

You are authorized to refer to the following members of this Association who knows me:

(Name) _____ (Address) _____ (Phone) _____

(Name) _____ (Address) _____ (Phone) _____

Have you ever held a membership in any other Real Estate Board / Association? Yes No If yes, where/when? _____

Have you ever been refused membership in any other Real Estate Board / Association? Yes No If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Is the office address as stated your principal place of business? Yes No If not or if you have any branch offices please indicate and give addresses: _____

Have you participated in a Multiple Listing Service (MLS)? Yes No If yes, where? _____

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

(Position) _____ (Location) _____

Do you hold, or have you ever held a real estate license in any other state? Yes No If so specify: _____

Has your real estate license, in this or any other state been suspended or revoked? Yes No If yes, state the basis: _____

Are there now, or have there been within the past five years, any complaints against you or your firm with which you have been associated before any state regulatory agency or any other agency of government? Yes No If yes, specify the substance of each complaint in each state, the agency before which the complaint was made, and the current statuses or resolution of such complaint: _____

Have you ever been convicted of a felony? Yes No If yes, specify: _____

2. APPLICANT'S PERSONAL INFORMATION

Name (as you want it to appear on the roster) _____ Nickname _____ DOB _____ / /

Home Address (Required by NAR) _____ Apt./Bldg. _____

City _____ State _____ Zip _____

() _____ () _____

Home Telephone _____ Home Fax _____

Residence here since: _____

Previous residence: _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Country) _____

3. APPLICATION FOR MEMBERSHIP

I, _____, hereby apply for MLS ONLY PARTICIPANT Designated REALTOR® with the SouthEast Valley Regional 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. In the event my application is approved, I agree as a condition to membership to complete the indoctrination courses of the SouthEast Valley Regional Association of REALTORS®, and otherwise on my 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 SouthEast Valley Regional Association of REALTORS® and Constitutions, Bylaws and Rules and Regulations, of the SouthEast Valley Regional Association of REALTORS®, the State Association and the National Association. 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 SouthEast Valley Regional Association of REALTORS® through its Board of Directors to invite and receive information and comments about me from any member or other person, and I agree that any information and comment furnished to the SouthEast Valley Regional Association of REALTORS® by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not from 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 SouthEast Valley Regional Association of REALTORS® with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicants 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 dues and payable in relation thereto, provided that the award and such costs have not, in the interim been otherwise satisfied.

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

Signature

Date

MLS ONLY PARTICIPANT AGREEMENT
(For MLS access by non-member Designated Participant and Sales Participant)

Name

Agent's License #

Office Address

Sponsoring Broker Name

Sponsoring Broker License #

I agree, as a condition of participation in the Multiple Listing System, to abide by all Bylaws, Rules and Regulations, and other obligation of participation, including pay of fees. I further agree to be bound by the Code of Ethics in the same terms and conditions as Association members, including the obligation to submit ethics hearings and the duty to arbitrate contractual disputes with other licensees/REALTORS® in accordance with the established procedures of the Association. I understand that a violation of the Code of Ethics may result in termination of any 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.

Signature

Date

Note: If the Association intends to discipline MLS users and/or subscribers directly, each user and/or subscriber must sign this form in the space provided. Please refer to the section of the Handbook on MLS Policy 104A (Residential) entitled "Applicability of Rules to Users and/or subscribers" for additional information on establishing authority to impose discipline on non-principal users or subscribers affiliated with MLS members or participants.



PAYMENT FORM - SEVRAR DUES

For Office (SEVRAR) Use Only

Payment Received: Credit/Charge (See Below) Check: # _____

Print Name

Billing Zip Code

Card Number

Exp. Date

Signature

CSC (Card Security Code)

Participation Fee \$600.00

Application Fee \$ 600.00

Payment Type:

American Express

Discover

MasterCard

Visa



TOTAL PAYMENT

\$

PAYMENT FORM - ARMLS DUES



For Office (SEVRAR) Use Only

Payment Received: Credit/Charge (See Below) Check: # _____

Print Name

Billing Zip Code

Card Number

Exp. Date

Signature

CSC (Card Security Code)

Payment Type:

American Express

Discover

MasterCard

Visa



TOTAL PAYMENT

\$