

# APPLICATION FOR MEMBERSHIP

**MLS ONLY PARTICIPANT (Sales Participant)**

SEVRAR | 1733 E. Northrop Blvd. | Chandler, AZ 85286 | Tel: 480-833-7510 | [www.sevrrar.com](http://www.sevrrar.com)

MLS AGENT ID #

## 1. PERSONAL INFORMATION

First Name

M.I.

Last Name

Home Address

Suite/Appt #

City

State

Zip

( )

( )

Home Telephone

Home Fax

Personal E-mail Address

## 2. COMPANY INFORMATION

Company Name

Office ID

Company Address

Suite

City

State

Zip

( )

( )

Company Telephone

Company Fax

Business E-mail Address

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

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

\$