

MARCO ISLAND AREA ASSOCIATION OF REALTORS®
140 WATERWAY DRIVE, MARCO ISLAND, FL 34145
(239) 394-5616 FAX(239) 394-8149

SUBSCRIBER APPLICANT INFORMATION

Name: _____

Real Estate License #: _____

Licensed certified appraiser: [] Yes [] No Appraisal License #: _____

Office Name: _____

Office Address: _____ Zip: _____

Office Phone: _____ Fax: _____ E-Mail: _____

Residence Address: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____

Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office [] Cell

Are you presently a member of any other Association of REALTORS®? [] Yes [] No

If YES, Name of Association _____

Have you previously held membership in any other Association of REALTORS®? [] Yes [] No

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.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS)

#: _____

and last date (year) of completion of NAR's Code of Ethics training requirement: _____.

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 MLS access if granted. I further agree that I shall pay the fees as from time to time established. **NOTE:** Payments to the Marco Island Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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.

Dated: _____ Signature: _____

Password for MLS Access: _____ (up to 7 alpha/numeric case sensitive characters)

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Designated REALTOR® Endorsement

_____ (insert name of applicant) will be supervised by me to assure compliance with the requirements of the Marco Island Area Association of REALTORS®, Inc. The Licensee shall adhere to the Code of Ethics of the National Association of REALTORS®.

DATE _____

SIGNED _____

TYPED NAME OF DESIGNATED REALTOR®

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MLS Training Classes

1. Attendance at MLS Training Class for Realtors is **mandatory**

2008 MLS TRAINING CLASSES all class are 8:30am to 12 pm – Cost \$45.00

January 10	May 1	September 11
February 14	June 12	October 9
March 13	July 10	November 13
April 10	August 21	December 11

You have 30 days to complete the MLS Training Class.

• **Marco Multi List, Inc. (MLS) Subscriber Fees**

For Realtors

Subscriber Access Fee: \$30.00 per month*, billed through Broker

* Subject to change without notice.

SEND IN:

- () Completed application form, with Designated Realtor (Broker) endorsement**
- () Copy of current individual license**
- () Member in Good Standing Letter if presently or previously a member of another board**

To access our MLS go to www.marcoareams.com. Your logon is your license number (without SL or BR) and your password is the one selected by you on your application.