



MLS Subscriber Application



APPLICANT INFORMATION

Date: _____

Name: _____

Home Address: _____

Street

City

State

Zip

Preferred Contact Phone: _____ This is a Cell Phone Landline

Email: _____ Website: _____

FIRM INFORMATION

Office Name: _____

Office Address: _____

Street

City

State

Zip

Office Phone: _____ Office Fax: _____

Office Email: _____ Website: _____

LICENSE INFORMATION

Broker License #: _____ Exp. Date: _____

Last 4 Digits of SSN#: _____

Government-Issued ID: _____ Exp. Date: _____

(Drivers License, ID Card, Passport)

Birthdate: _____

Please list all current and past REALTOR® Associations of which you have been affiliated:

If you are transferring from another Association:

Do you have any pending Grievance Complaints or Arbitration Hearings? ___ Yes ___ No ___ N/A

Do you have any unpaid balances at your previous Association? ___ Yes ___ No ___ N/A

Have you had been disciplined by the Real Estate Commission? ___ Yes ___ No ___ N/A

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REQUIRED ACKNOWLEDGMENTS

To the Kosciusko Board of REALTORS® Multiple Listing Service, Inc.,

I, _____ of _____
Name Firm

hereby apply for MLS Service with the Kosciusko Board of REALTORS® Multiple Listing Service. I agree to the monthly MLS fee of \$68 which will be billed to my firm.

I also acknowledge and agree to the following:

- I understand I am required to submit a copy of my Indiana Real Estate License as a condition of membership.
- I understand that my MLS fees are non-refundable. In the event I fail to maintain eligibility for membership in the MLS service for any reason under the Bylaws or MLS Rules and Regulations, including but not limited to discipline by the MLS, I understand I will not be entitled to a refund of MLS Fees.
- I agree not to give or sell my password to any person nor make it available to any person. I agree not to allow such unauthorized access by use of my pass codes.
- I acknowledge receipt of a copy of the Rules and Regulations of the MLS and agree to abide by such Rules and Regulations as they exist and as they may from time-to-time be amended including payment of monthly fees.
- I understand that by providing above mailing address(es), e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from the MLS via U.S. mail, e-mail, telephone, or fax at those number(s)/locations(s).
- I agree a condition of participation in the MLS is that I agree to binding arbitration of disputes. In the event of any dispute arising out of a real estate business between other Subscribers/Participants and myself (including any licensee employed or associated with my office), said dispute shall be submitted to binding arbitration.
- I further agree to be bound by the Code of Ethics on the same terms and conditions including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Board. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges.

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Required Signature

My signature below certifies that I have read and agree to the terms and acknowledgements and that all information provided on my application is true and correct. I am agreeing to abide by the Bylaws, Rules and Regulations and other policies as established and that may be amended from time to time by the MLS.

Signature: _____ Date: _____

Return Completed Applications to:

Kosciusko Board of REALTORS® MLS

475 Anchorage Road, Suite 2

Warsaw, IN 46582

Or

kbor@kbor.com

Questions:

574.269.6706