



MLS of Choice DR Information Sheet/Consent

FEES AND DUES: Enclosed is payment in the amount of \$1,000.00 for my onetime processing fee and \$_____ for my monthly MLS user fees payable directly to the DCBR MLS. These fees are non-refundable. **The application will not be processed if all information is not filled out completely.**

Name: _____

Real Estate License #: _____

National Association NRDS # _____

Office Name: _____

Main Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Web Address: www. _____

Residence Address: _____

Phone: _____ E-Mail: _____ Cell Phone: _____

May the DCBR, WRA or NAR communicate via text message? [] Yes [] No

Cell phone provider _____

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 and type of membership held: _____
- Have you previously held membership in any other Association of REALTORS®? [] Yes [] No
- If yes, name of Association and type of membership held: _____
- Last date (year) of completion of NAR's Code of Ethics training requirement: _____.
- Date of Birth: _____
- Specialty: [] Residential [] Commercial [] Resort [] International [] Other: _____
- How long with current real estate firm? _____
- Previous real estate firm (if applicable): _____
- Number of years engaged in the real estate business: _____

For computer access into our MLS system please provide the following: The username and password are items that you provide to access the MLS system.

Username: _____*

Password: _____*

*Items with this * are required information Any application submitted without all required information will not be processed.

Applicant acknowledges that the DCBR MLS will maintain a membership file of information which may be shared with other boards/associations where applicant subsequently hold membership. This file may include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the board/association or its MLS.

Applicant acknowledges that if the applicant or any real estate firm in which the applicant is a sole proprietor, general partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been adjudged bankrupt in the past three (3) years, the Board may require, as a condition of membership, that the applicant pay cash in advance for Board and MLS fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Board that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

Finally, I consent and authorize the DCBR MLS, through its Membership coordinator or otherwise, to invite and receive information and comment about me from my Primary Board of REALTORS® and I agree that any information and comment furnished to the DCBR MLS by my Primary Board of REALTORS® shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

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.

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: _____