



CAPITAL AREA REALTORS®



3149 Robbins Road • Springfield, IL 62704 • Phone 698-7000 • Fax 698-7009

Application for MLS Membership by non-CAR Member and MLS Participation Agreement

Note: This application is for use by REALTOR® members of other Associations

I hereby apply for "Participation" in the Capital Area REALTORS® Multiple Listing Service (MLS). Enclosed is my NON-REFUNDABLE application fee of \$1,000.00.

Name of Applicant: _____ Date of Birth _____
(First) (Middle) (Last)

Name as you want it to appear on roster _____ NRDS# _____

Name of firm _____

Indicate legal status: Sole Proprietor DBA Limited Liability Company
 Corporation Partnership

Position with firm: Principal Partner Corporate Officer
 Office Manager Employee Independent Contractor
 Appraiser Other _____ (If "other" explain)

Office Address _____ Office Phone _____
(Street) (Town) (Zip)

Home Address _____ Home Phone _____
(Street) (Town) (Zip)

Cellular Phone# _____ Main Contact Phone# to list in MLS _____

E-Mail Address: _____

License Number: _____ Broker Licensed Appraiser
 Managing Broker Certified Residential Appraiser
 Other Certified General Appraiser

Do you currently hold membership in another Board/Association of REALTORS®? Yes No If yes, list name _____.

Please list any professional real estate designations you hold: _____

Please list all licensed persons (salespeople, brokers or appraisers) associated with your firm (use attached Certification of Licensee Form). As a condition of Participation in the Capital Area MLS applicant agrees to notify the Capital Area MLS immediately of any changes to the attached Certification of Licensee Form.

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

(Name) (Title)

(Name) (Title)

(Name) (Title)

(continued)

Is the Office Address, as stated in Section I, your principal place of business? Yes No

List the name and addresses of all branch offices or other real estate firms in which you are a principal, partner or corporate officer:

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

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? *(If yes, on a separate attachment please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto)* Yes No

NOTE: If the answer to the previous question is yes applicant acknowledges that the MLS may require as a condition of membership that the bankrupt applicant pay cash in advance for 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 Association, 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.

I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees and attendance at a mandatory MLS orientation program. Specifically, I acknowledge that I must attend an onsite MLS orientation within 60-days of acceptance of my application for MLS membership and that this same orientation requirement shall also apply to all users affiliated with the firm. *(Note: This orientation program lasts approximately 1-hour and will generally be held at CAR's office on the third Wednesday of each month beginning at 10:00 a.m. although the dates may vary.)* Participant acknowledges that it is the responsibility of the Participant and/or user to verify these dates and to register for the orientation. Failure to comply with this requirement will result in suspension of services.

I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members 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 association. I understand that a violation of the Code of Ethics may result in termination of my 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.

I certify that in signing this application all information provided is true and correct and I authorize the Capital Area MLS through its representatives to make such investigation as may be considered necessary to verify the statements herein made by me.

Applicant acknowledges that continued active REALTOR® membership in a REALTOR® Association and continued maintenance of a valid Illinois Real Estate Broker's License or Appraiser's License is a prerequisite to and requirement of Participation in the Capital Area MLS. Furthermore, applicant acknowledges that should either of these conditions cease to be met applicant will notify the Capital Area MLS immediately.

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, may be grounds for revocation of my membership if granted.

Dated _____ 20 _____ Signed _____
(Designated REALTOR®)

CERTIFICATION OF LICENSEE FORM

MLS Office # _____

Office Name _____

Office Address _____ Office Phone# _____

Principals Partners, or Corporation Officers Only

Name/Title

License #

Unlicensed Office Personnel Only (i.e. Administrative Assistants, etc.)

Name/Title

List all Licensed Personnel (i.e., salespeople, brokers, appraisers) FULL OR PART TIME
Please list in alphabetical order.

Name

License #

(continued)
Addendum to application for
MLS Membership

Multiple Listing Service Activation Form

PASSWORD _____
(4 digits - numbers only)

Home Phone No. _____

TO MLS MANAGER:

Please begin MLS services for

Effective _____
(Date)

Signature of MLS Participant
(Designated REALTOR®/MLS Participant)

Real Property Internet Advertising Authorization Form

On this _____ day of _____, 20____, as the Designated REALTOR® of _____ (Brokerage Company) I hereby authorize the Capital Area REALTORS® through its Multiple Listing Service (MLS) to place on the internet, in the form of advertising, certain limited information* pertaining to all of my company's property listings placed in the Multiple Listing Service.

This is being offered "FREE" as a service of the Capital Area Multiple Listing Service. You retain the right to withdraw from this program at any time.

By: _____

Title: _____
(MLS Participant)

*This information will NOT include private telephone numbers, security codes, owner names or private comment fields that relate to a property.