

## **APPLICATION FOR MLS MEMBERSHIP**

## (NEW OFFICE)

(For MLS access by REALTOR® (principals) or a firm comprised of REALTOR® (principals) who are not members of the Carolina Smokies Association of REALTORS®.)

I hereby apply for approval of MLS Only membership of the real estate office known as\_

I hereby submit the following information for your consideration:

Name as shown on Real Estate License:

| Miss              | _ Mrs         | Mr          |            |              |             | <br>  |
|-------------------|---------------|-------------|------------|--------------|-------------|-------|
| Office Name       |               |             | <br>       | <br>         | <br>        | <br>  |
| Corporate Licen   | se #          |             | _          |              |             |       |
| Office Address:   |               |             | <br>       | <br>         | <br>        |       |
| Phone:            |               |             | <br>Fax:   | <br>         | <br>        |       |
| Mailing Address   | :             |             | <br>       | <br>         | <br>        |       |
| Email Address:    |               |             | <br>       | <br>         | <br>        | <br>- |
| Check whether:    |               | Individual, | <br>_ DBA, | <br>Partner, | <br>_ Corp. |       |
| Partners, or Offi | icers (if a C | Corp.):     | <br>       | <br>         | <br>        | <br>- |
|                   |               |             |            |              |             |       |



Names of other agents who will be registered with this office

Name of primary REALTOR® Board or Association:

Note: Your Primary Board of REALTORS® is the one through which your State and National Association of REALTORS® yearly dues are paid.

Dated: \_\_\_\_\_, 20\_\_\_\_ Signed: \_\_\_\_\_

Type or Print Name:\_\_\_\_\_