



ANN ARBOR AREA BOARD OF REALTORS®

Application for MLS Only Membership

1919 W. Stadium Blvd., Ann Arbor, MI 48103

Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377

Email: realtors@AAABoR.com | Website: www.AAABoR.com

Broker must be REALTOR® or MLS Only Member of the AAABoR. Proof of your membership in a REALTOR® Board is required.

Name: _____ Today's Date: _____

Home Address: _____ City: _____ Zip-Code: _____

Cell Phone #: _____ List this phone in Directory? Yes No

Real Estate License #: _____ Date Issued: _____

Email Address: _____ Website: _____

I am a member in good standing (financial and in regards to Professional Standards) of the following Board/Association of REALTORS®: _____

While participating in the Multiple Listing Service (MLS), I agree to the following:

1. I will comply with all MLS Rules and Regulations.
2. I understand that the MLS Rules and Regulations may be changed from time to time and I hereby agree to comply with the changes.
3. The MLS Committee will have the right to terminate my participation in the MLS for violating its Rules and Regulations.

Initials _____

I understand that as an MLS Only Agent, I have no membership privileges or services (other than access to the MLS) available to me from the Ann Arbor Area Board of REALTORS®.

Applicant's Signature: _____ Date _____

Office Name: _____ Broker Code: _____

Office Address: _____ City: _____ Zip: _____

Office Phone #: _____ Office Fax #: _____

Broker Name (Please enter or PRINT): _____

I understand that as the Broker/DR of the above office I am responsible for the MLS and Board related financial obligations of this licensee.

Broker Signature: _____ Date _____

***Copy of applicant's current Real Estate License MUST be attached.**

For AAABoR Office Use Only:

Date Received: _____ **Date Effective:** _____ **Date Processed:** _____



REALTOR®

ANN ARBOR AREA
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Payment Sheet

1919 W. Stadium Blvd., Ann Arbor, MI 48103

Phone: (734) 761 – 7340

Fax: (734) 747 – 7377

Email: realtors@AAABoR.com

Website: www.AAABoR.com

Method of Payment:

Cash

Visa

Discover

Check # _____

MasterCard

Personal Credit
Card

Company Credit
Card

**Please Note: We DO NOT accept American Express*

Card # _____ Exp. Date _____ Amount _____

Name on Card (Please enter or PRINT) _____

Signature _____

For AAABoR Office Use Only:

Amt Pd: App Fee \$ _____ + Dues \$ _____ = Total \$ _____

Constant Contact _____ Issued Card _____ Copy to Finance _____

Date Received: _____ Date Effective: _____