



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  
BOARD OF REALTORS®

# Payment Sheet

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Email: [realtors@AAABoR.com](mailto:realtors@AAABoR.com)

Website: [www.AAABoR.com](http://www.AAABoR.com)

## Method of Payment:

Cash

Visa

Discover

Check # \_\_\_\_\_

MasterCard

American Express

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: \_\_\_\_\_