



APPLICATION FOR MULTIPLE LISTING SERVICE OF CHOICE WITH SOUTH BEND AREA REALTORS®

It is required to provide a letter of good standing from your current Primary Association along with this application.

BROKER CONTACT INFORMATION:					
First Name:		Middle Initial:			
Last Name:		Suffix	<input type="checkbox"/> Jr,	<input type="checkbox"/> III,	<input type="checkbox"/> Sr, <input type="checkbox"/> Etc.
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Fax:					
Primary E-mail:		Secondary E-mail:			
May the Association, as well as the State and the National Associations, communicate with you via text message?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
LICENSE INFORMATION:					
Broker or Salesperson's License #					
State of Licensure:		Appraisal License #			

COMPANY INFORMATION:					
Office Name:		Company License #			
Office Address:					
Office Phone:		Fax:			
APPLICANT INFORMATION:					
Are you currently a member in good standing with another Board of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, name of Board					
Has your real estate license, in this or any state, ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide details:					
Has your membership in a Board of REALTORS® ever been refused, suspended, or terminated either voluntarily or involuntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, please provide details:	
Are there any unresolved complaints against you or your firm before the Indiana Real Estate Commission or any other Real Estate Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
Are you or your firm now subject to any bankruptcy or insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
Do you or your firm have any financial problems which could jeopardize those doing business with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
Are there any unresolved complaints, charges, or actions against you or your firm by any civil rights agency, consumer protection agency, or any other agency, board, or commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
Have you ever been convicted of a felony and/or misdemeanor other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
Are there currently any civil or criminal suits pending against you or your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
Are you or your firm subject to any unpaid judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	

As an agent in the Multiple Listing Service of South Bend Area REALTORS®, I have read, understand and will abide by the Bylaws, Rules, Regulations, and Policies of the Service, as from time to time are adopted or amended.

Broker Signature: _____ Date: _____



Please enclose a check or credit card information below with this application.

Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Make Check Payable to: MLS	
Amount Enclosed/Charge to the Card:	_____
Account # _____	Exp Date ____/____ CCV _____
Billing Address:	_____
Billing City/State/Zip:	_____
Signature of Cardholder:	_____

