## 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 🗆 Jr, 🗆			Jr, 🗆 II	II, 🗆 S	Sr, 🗆 Etc.		
Nickname (DBA):											
Home Address:											
City:	City:			State:				Zip:	:		
Home Phone:				Cell Phone:						•	
Fax:											
Primary E-mail:					Secondary E-mail:						
May the Association, as well as the Associations, communicate with you							□ Yes □ No				
License Information:											
Broker or Salesperson's License #											
State of Licensure:			App	oraisal Lic	ense #						

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®?   Yes  No							
If yes, name of Board							
Has your real estate license, in this or any state, ever been suspended or revoked?  Yes No							
If yes, please provide details:							
Has your membership in a Board of REALTORS <sup>®</sup> ever been refused, suspended, or terminated either							
voluntarily or involuntarily?  Yes No							
If yes, please provide details:							

Are there any unresolved complaints against you or your firm before the Indiana Real Estate Commissi	on
or any other Real Estate Commission?  Ves  No	
f yes, please provide details:	
Are you or your firm now subject to any bankruptcy or insolvency proceedings? 🛛 Yes 🛛 No	
f yes, please provide details:	
Do you or your firm have any financial problems which could jeopardize those doing business with you $\Box$ Yes $\Box$ No	ג?
f 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?  Yes No	
f yes, please provide details:	
Have you ever been convicted of a felony and/or misdemeanor other than a traffic violation? íes $\Box$ No	
f yes, please provide details:	
Are there currently any civil or criminal suits pending against you or your firm? 🗆 Yes 🛛 No	
f yes, please provide details:	
Are you or your firm subject to any unpaid judgments? $\Box$ Yes $\Box$ No	
f yes, please provide details:	

As an agent in the Multiple Listing Service of South Bend Area REALTORS<sup>®</sup>, 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: \_\_\_\_\_ Da

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

Method of Payment: Check Visa Mastercard Discover Make Check Payable to: MLS								
Amount Enclosed/Charge to the Card:								
Account #				_CCV				
Billing Address:								
Billing City/State/Zip:								
Signature of Cardholder:								