



NEW OFFICE APPLICATION

OFFICE INFORMATION: (\$1500.00 Initial Participation Fee for New Office)

Business/Corporation Name: _____

Business Owner: _____

OFFICE NAME (fictitious name as registered with MREC):

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ FAX: _____

OFFICE WEBSITE: _____

PARTICIPANT (DESIGNATED REALTOR®)

Circle Preferred Payment Method: Auto Pay Online Payment Phone Payment

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Date of Birth: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

NRDS #: _____ MO R/E LICENSE #: _____

Cooperating Supra Key #: _____ Pin Code: _____

SECONDARY BOARD MEMBERSHIP (Choose One)

_____ Secondary Board & MLS Membership

_____ MLS Only Membership

Signature of Designated REALTOR®

Date



PO BOX 607
Sunrise Beach, MO 65079
PHONE: 573-374-6646
FAX: 573-374-2791

This will serve as written notice that I have received a copy of the Lake of the Ozarks Board of REALTORS® Multiple Listing Service Rules and Regulations and agree to comply with same.

I understand the confidentiality of MLS information and that such information is for the exclusive use of Participants and licensed sales associates, licensed assistants, and licensed or certified appraisers affiliated with the Participant, who purchase the services.

I agree to immediately notify the Lake of the Ozarks Board of REALTORS® Multiple Listing Service if any licensed sales associate, licensed assistant, or licensed or certified appraiser becomes employed by or affiliated as an independent contractor with this office in the future, and will pay the Initial Subscriber Fee and the Recurring Fees for the individual(s).

I understand that any unauthorized use of the MLS services of the Lake of the Ozarks Board of REALTORS® MLS by anyone associated with my office will result in a fine of \$1000.00. A second offense within a three-year period will result in an additional \$1000.00 fine and expulsion from any further participation in the MLS for up to three years.

Office Name: _____

Name of Designated REALTOR®: _____

Signature of DR

Date

Authorized Users:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LISTING SYNDICATION OPT-IN/ OPT-OUT

____ My Firm will participate in the Listing Syndication program. I understand that I will have the ability to discontinue syndication at any time by logging in to the dashboard and de-selecting all syndication partners.

____ My Firm will NOT participate in the Listing Syndication program at this time. I understand that I will have the ability to activate syndication at any time by contacting the MLS office.

Firm Name: _____

Broker Name: _____

Broker Signature: _____

Date: _____