



West Central Association of REALTORS®

10443 Northland Drive
Big Rapids, MI 49307
231-796-3640

wcara@westcentralaor.org

OFFICE MEMBERSHIP APPLICATION

- 1) Office Name: _____
- 2) Corporation Name: _____
- 3) DBA Name: _____
- 4) Office Address: _____
- 5) Office License #: _____
- 6) Office Email: _____
- 7) Office Phone: _____ Fax: _____
- 8) Designated Broker: _____
- 9) Broker Participant MLS Fee: \$250.00.

END USER AUTHORIZATION

By signature below, Participant and/or Principal Agent hereby consents to User receiving WCAR MLS services in his/her behalf and accepts responsibility for User conduct as if User were the same as Participant. Participant and/or Principal Agent agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and regulations and other obligations of participation, including payment of fees. He/she further agrees to be bound by the Code of Ethics on the same terms and conditions as association members, as established in the *Code of Ethics and Arbitration Manual*, including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the association. He/she understand that a violation of the Code of Ethics may result in suspension or termination of MLS rights and privileges and that he/she may be assessed an administrative processing fee not to exceed \$500 which may be in addition to any discipline, including fines, that may be imposed.

User acknowledges that he/she has reviewed the WCAR Multiple Listing Service Rules and Regulations and the WCAR Bylaws and agrees to be bound by each together with any subsequent changes, amendments or modifications thereto made from time to time.

Use of the WCAR MLS site requires both login information and a password to be used only by the individual to whom it is assigned.

User Authorization MLS Access: (Check Applicable)

- Principal Participant User
- Agent Subscriber User
- Licensed Personal Assistant User of _____ (name)
- Staff User of _____ (office name)
- Reciprocal User of _____ (association/board name)

Seen and agreed to by:

Participant Signature(Broker)

User Signature (New member)

Print Participant Name

Print User Name

Date

Date

Office Name: _____