

APPLICATION FOR PARTICIPATION IN THE
MULTIPLE LISTING SERVICE PROVIDED BY THE
TRICITY ASSOCIATION OF REALTORS

1. _____ As a REALTOR® Member of the Tri-City Association of REALTORS® [Owner/Individual Broker, Designated Broker, Branch Office Manager, or an Appraiser licensed or certified by an appropriate Washington State regulatory agency to engage in the appraisal of real property]; OR

2. _____ As a REALTOR® Member of another Association in the State of Washington, or a State contiguous thereto [Owner/Individual Broker, Designated Broker, Branch Office Manager, or an Appraiser licensed or certified by an appropriate Washington State regulatory agency to engage in the appraisal of real property].

I am applying for participation in the Multiple Listing Service (Pacific Regional MLS) offered by TriCity Association of Realtors. I agree as a condition of Participation in the Multiple Listing Service to abide by all Bylaws, Rules and other obligations of Participation including the payment of fees; and I also agree to attend the next available Orientation course on _____20_____, and if I do not attend said Orientation course I understand that my MLS privileges may be suspended or terminated. I further agree to be bound by the Code of Ethics on the same terms and conditions as Tri-City Association Members 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 Tri-City Association of REALTORS®. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including

fines that may be imposed. I further understand that participatory rights granted herein do not confer voting privileges or eligibility for office as a MLS Committee Member, Officer, or Director, except as granted at the discretion of the Tri-City Association of REALTORS®.

My Primary Board or Association is: _____

3. I hereby apply for Multiple Listing Service Participation and am enclosing my check for initial participation fee of \$_____ payable to the Tri-City Association of REALTORS®, which fee is to be returned to me in the event of non-acceptance. I have received, read, understand, and agree to abide by the Association's Bylaws, MLS Rules and Regulations and the Code of Ethics of the NATIONAL ASSOCIATION OF REALTOR® and also agree to pay the cost incidental to the service.
4. I further agree that I will notify the Association immediately at such time that any information in this application changes, and will submit a new application for the Association's review and consideration.
5. I fully understand that the purpose of the Association's Multiple Listing Service is to provide a means by which the authorized Participants make blanket unilateral offers of compensation to other Participants (acting as subagents, buyers agents, or in other agency or non-agency capacities defined by law); by which information is accumulated and disseminated to enable authorized Participants to prepare appraisals and other valuations of real property; by which Participants engaging in real estate appraisal contribute to common data bases; and is a facility for the orderly correlation and dissemination of listing information among the Participants so that they may better serve their clients and the public.

6. I hereby submit the following information for your consideration:

Name as shown on Real Estate License* or Appraiser Certification*/License*. (Copy attached):

(Miss, Mr., Mrs.) _____

License/Certification No. _____

Name of Firm _____

(Individual _____ DBA _____ Partnership _____ Corporation _____)

Office Address _____

City _____ Zip _____

Office Phone _____ Fax # _____

E-mail _____ MLS Only? _____

Home Address _____

City _____ Zip _____ Home Phone _____

Other Owners, Principals, Partners, Corporate Officers or Trustees (list and describe, use the back, or an additional sheet if necessary).

Name(s)	Title(s)	% Ownership

Firm Name: _____ (please print)

Applicant's Name: _____ (please print)

Applicant's Signature: _____ Date: _____

Accepted and reviewed by: _____ (TCAR Staff Name)

- ATTACH A COPY OF PERMANENT WALL LICENSE or CERTIFICATION

[Amended 2-12-16]