



Please type or print

FIRM NAME _____ NRDS# _____

DESIGNATED BROKER: _____ NRDS # _____

BUSINESS ADDRESS: _____
(Physical location) (City/State/Zip)

BUSINESS ADDRESS: _____
(Mailing Address) (City/State/Zip)

OFFICE PHONE: _____ CELL PHONE: _____ OFFICE EMAIL: _____

NAME OF PRIMARY MLS: _____

NAME OF PRIMARY REALTOR® ASSOCIATION: _____

APPLICANT AGREES:

1. Participation in the Service is available to the firm, partnership, or corporation of any REALTOR® principal of the TriCity Association of REALTORS® or any other Association/Board of REALTORS® in the state of Washington without further qualification except payment of required dues and fees, and agreement to abide by the Bylaws and the Rules and Regulations of the Pacific Regional MLS (PACMLS), and of the TriCity Association of REALTORS® (or otherwise stipulated). However, under no circumstances is any individual or firm, regardless of membership status, entitled to MLS "Membership" or "Participation" unless they hold a current, valid real estate broker's license with Washington State and are capable of accepting and effecting compensation to and from other Participants or are licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property.
2. Use of information developed by or published by the Service is strictly limited to the activities authorized under a Participant's licensure(s) or certification and unauthorized uses are prohibited. Further, none of the foregoing is intended to convey "Participation" or "Membership" or any right of access to information developed by or published by the Service where access to such information is prohibited by law. The REALTOR® principal of any firm, partnership, or corporation or the branch office manager designated by said firm, partnership, or corporation shall be termed the "Participant" in the Service and shall have all rights, benefits, and privileges of the Service, and shall accept all obligations to the Service for the Participant's firm, partnership, or corporation, and for compliance with the Bylaws and Rules and Regulations of the Service by all persons affiliated with the Participant who utilize the service.
2. Participant agrees to abide by the Bylaws and Rules and Regulations, the Penalty Policy, and the Inappropriate Language policy of the PACMLS as from time to time amended or adopted.
3. Participant agrees to be bound by the Code of Ethics of the National Association of REALTORS® as established in the Code of Ethics and Arbitration Manual, and procedures as established in the Bylaws of the Service.
4. Participant agrees to pay a non-refundable participation fee of **\$500** as set forth by the Board of Directors of the TriCity Association of Realtors, subject to approval of the application. Application and Participation fee must accompany application to be considered.
5. Participant hereby acknowledges the licensees affiliated with the "MLS Only Participant" as listed on page 2 of this application are the ONLY licensees authorized to access the MLS..
6. Application fee of **\$150** and payment of dues for at least the first month for the Participant and each licensed member of the "MLS Only Participant" office as indicated in #5 above must accompany application to be considered. Current dues are **\$68** per month per subscriber.
7. Participant agrees that a new Declaration of Membership is required to be filed with the Service on January 1st of each year, or subscription will be terminated. No additional participation fee will be required other than the initial fee as stated in item #4 unless membership has lapsed for more than 1 year.
8. (a) Participant will also submit a "Letter of Good Standing" from the Primary REALTOR® Association for him/herself and all licensees authorized to utilize the service.



- 9. Participant understands and acknowledges that lockboxes are provided by PACMLS shareholder REALTOR® Associations to their members and are NOT provided by the PACMLS.
- 10. Participant agrees that participatory rights granted herein do not confer voting privileges or eligibility for office as a PACMLS Director, Officer, or committee member, except as granted at the discretion of PACMLS.
- 11. Participant agrees to notify the TriCity Association of Realtors and PACMLS immediately at such time that any Participant ownership, name, location, Realtor status, or other information in this application changes; and agrees that if required by either the TriCity Association of Realtors or the PACMLS, will submit a new application for review and consideration.
- 12. TriCity Association of Realtors and PACMLS reserve the right to change MLS Only membership eligibility and/or participation requirements at any time, and no guarantee of future eligibility is granted by acceptance of this application.
- 13. By signing below, I consent that the shareholder REALTOR® Association (local, state, national) and their subsidiaries, including PACMLS, may contact members of this office at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me or others from this office to the Association or PACMLS in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership and those of the authorized users from this firm.

 Signature of Participant _____
 Date of Application

I, _____, as the Designated Broker of _____, hereby declare that the following named licensees affiliated with this office shall be the ONLY authorized subscribers to the Pacific Regional Multiple Listing Service through the TriCity Association of REALTORS®. I also hereby declare that no other licensees including non-principal brokers, sales associates, licensed and certified appraisers, or administrative staff affiliated with this firm in any way shall be authorized to utilize the PACMLS in any way at any time, and WILL NOT access or use the PACMLS or any service or product associated with PACMLS. I agree that I will promptly notify the TriCity Association of Realtors of any violations and be held liable for any dues or fees imposed by the PACMLS or the TriCities Association of Realtors. (Please list additional Licensees on additional page)

LICENSEES AUTHORIZED TO UTILIZE THE SERVICE:

_____ Full Name – Designated Broker	_____ License Number	_____ Signature
_____ Full Name – Licensee	_____ License Number	_____ Signature
_____ Full Name – Licensee	_____ License Number	_____ Signature
_____ Full Name – Licensee	_____ License Number	_____ Signature
_____ Full Name – Licensee	_____ License Number	_____ Signature

DATE: _____ SIGNATURE OF DES. BROKER: _____

PRINTED NAME OF BROKER: _____

Declaration of Membership forms shall be required annually and at any time such membership changes for any reason. Please attach additional sheets as necessary.

