



7347 57TH Avenue
Kenosha, WI 53142
Phone: (262) 942-0592

MLS PARTICIPATION AGREEMENT

(FOR MLS ACCESS BY REALTOR (PRINCIPALS) OR FIRM COMPRISED OF REALTOR (PRINCIPALS) WHO ARE NOT MEMBERS OF THE BOARD/ASSOCIATION.)

NAME: _____

ADDRESS: _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BROKER NAME: _____

PHONE #: _____ FAX #: _____

PRIMARY BOARD OF ASSOCIATION: _____

I 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**. I further agree to be bound by the Code of Ethics on the same terms and conditions as board/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 board/association. I understand that a violation of the Code of Ethics may result in termination of any 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.

Sign: _____ Date: _____

NOTE: If the board intends to discipline MLS USERS AND /OR SUBSCRIBERS directly, each user and /or subscriber must sign this form in the space provided. Please refer to the section of the HANDBOOK ON MULTIPLE LISTINGS POLICY (RESIDENTIAL) entitled *APPLICABILITY OF RULES TO USERS AND/OR SUBSCRIBERS* for additional information on establishing authority to impose discipline on non-principal “users” or “subscribers” affiliated with MLS “members” or “participants”.

SOUTHSHORE MLS, INC.

NEW MEMBER COMPLETION SHEET

NAME: _____ DATE: _____

LICENSE #: _____ DATE LICENSE GRANTED: _____ PREVIOUS MLS USER: YES or NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

OFFICE NAME: _____ BROKER: _____

OFFICE ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

SRA OFFICE USE ONLY

MEMBERSHIP TYPE: _____ OFFICE CODE: _____ AGENT CODE: _____

CONSTANT CONTACT: _____ EXCEL MEETING ATTENDANCE: _____ MLS QB: _____ SRA QB _____ IMIS _____

MLS BILLING _____ JENNA EMAIL _____ JAN EMAIL _____ METRO _____ START MLS DATE _____

ORIENTATION 1ST NOTICE DATE _____ 2ND NOTICE DATE _____ COPY OF LICENSE _____

MEMBER COMMITTEE APPROVAL DATE _____ DIRECTOR APPROVAL DATE _____

ORIENTATION INDUCTION DATE _____ CODE OF ETHICS DATE _____

WRA ID # _____ NRDS # _____ LETTER OF GOOD STANDINGS _____

**SOUTHSHORE REALTORS® ASSOCIATION AND SOUTHSORE MLS, INC MARKETING
CONSENT FORM**

Name: _____

Office Name: _____

Address: _____

City, State, Zip: _____

Telephone #: () _____

Fax #: () _____

Email Address: _____

I understand that by providing above my mailing address, email address, telephone number(s), and fax number(s), I consent to receive communications sent from the Southshore REALTORS® Association, Inc. and the Southshore MLS, Inc. via U.S. mail, email, telephone or facsimile at those number(s)/location(s).

Signature: _____

Please Print name: _____

Date: _____

******REQUIRED DOCUMENTS TO BE SENT WITH THIS APPLICATION:**

COPY OF WISCONSIN REAL ESTATE LICENSE

LETTER OF GOOD STANDINGS FROM PRIMARY BOARD (if primary board is not Southshore REALTORS® Association)