

GREENWOOD ASSOCIATION OF REALTORS®
MLS of Greenwood, SC
Application for Secondary Membership in GAR MLS

Thank you for your interest in becoming a member of the GAR MLS. We hope to offer you the highest level of customer service. Please review the information and return the application to us filled out entirely.

All billing is created and sent electronically through the QuickBooks program.

BIC is required to join as the Participant. Agents licensed with Broker may join as Subscribers.

*OFFICE SET UP FEE: \$600.00 This is a one-time **per office** fee billed to the BIC.

*APPLICATION FEE: \$150.00 per agent

*QUARTERLY FEES: \$102.00 per agent

****Office set up fee (if applicable), application fee(s) and first quarter MLS fees are required with application.***

Primary Board must supply the MLS of Greenwood with the following:

1. Letter confirming that applicant(s) are in good standing
2. Office, BIC, and agents' NRDS#
3. Date of last Orientation
4. Any pending violations or violations of membership duties in the past 3 years.

REALTOR Only:

LISTING FEES:

\$10.00 per listing entered as 'new' listing

\$10.00 per listing entered as 're-instated' listing

\$15.00 per listing entered by staff

The MLS of Greenwood utilizes Supra eKeys and offers a reciprocal agreement with GGAR MLS and WUAR MLS.

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I hereby apply for Membership in the MLS of Greenwood, SC, Inc as a secondary member.

I am the REALTOR Broker in Charge. I enclose my check(s) in the amount of \$600.00 for a one-time office set up fee *plus* the quarterly MLS dues for me, and each of my agents joining the GAR MLS.

I am the owner of the affiliate/appraisal company. I enclose my check(s) in the amount of \$600.00 for a one-time office set up fee plus the quarterly MLS dues for me, and each of my agents joining the GAR MLS.

I am not the Broker in Charge and enclose my application fee of \$150.00. My BIC is

_____ of _____
Print BIC Name Print Name of Company

Please Print Clearly:

Name as it appears on Appraiser/Real Estate License:

Real Estate License #: _____ Expiration Date: _____

Appraiser License #: _____ Expiration Date: _____

Office Name: _____

Office Address: _____

Email: (required) _____

Website: http://www. _____

Your contact numbers in order of preference: (how may we contact you?)

1. _____

2. _____

3. _____

Primary Association membership is held with:

OFFICE NRDS# _____ AGENT NRDS# _____

Date last completed NAR's Code of Ethics training requirement: _____

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Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? [] Yes [] No (If yes, provide details as an attachment.)

As a REALTOR® I have agreed to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, the Constitution, Bylaws and Rules and Regulations of the Greenwood Association of REALTORS, the Rules & Regulations of the MLS of Greenwood, the South Carolina Association of REALTORS and the National Association of REALTORS. _____initial

Applicant acknowledges that if accepted as a member and he/she subsequently resigns or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a member. _____initial

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the GAR MLS, I shall pay the fees and dues as from time to time established.

NOTE: Payments to the MLS of Greenwood SC Inc® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the MLS may contact me 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 to the MLS 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.

Signature: _____

Dated: _____

Submitted through:

Signature of Broker in Charge/DR/Principal

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The following is to be signed by the Broker-in-Charge or Appraiser, **who is not a member** of the GREENWOOD ASSOCIATION OF REALTORS:

- I agree as condition of participation in the Multiple Listing Service of Greenwood SC Inc. to abide by the 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 members of the GREENWOOD ASSOCIATION OF REALTORS.
- I understand the 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 disciplinary action, including fines, that may be imposed.
- I certify that only the REALTORS listed below will have access as Subscribers to the GAR MLS and that I am responsible for payment of their MLS fees. Each Subscriber must return an application form to the GAR MLS.
- I understand that if the GAR MLS determines that any other agents access the MLS database under my or a subscriber's log-in credentials, the MLS will immediately terminate the office access.

List any/all who will be permitted access to the MLS:

_____ Broker in Charge/DR (required)

_____ Signature of Broker in Charge

Date: _____

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For payment of MLS fees, application fees, office setup fee, please use the information below:

Payment Method:

- Check # _____ is enclosed in the amount of \$ _____

(payable to MLS of Greenwood SC Inc) for _____

- Please charge my:

Master Card Visa Discover

Card Holder Name and Billing Address (please print):

Card Number: _____/_____/_____/_____

Exp date: _____/_____

Authorized Signature: _____

Returned checks and/or invalid credit card information will incur a \$35.00 processing fee.

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