



North Office
5605 Valley Belt Road
Independence, OH 44131

South Office
7110 Whipple Ave NW #D102
North Canton, OH 44720

Phone: (216) 485-4100
Fax: (216-) 485-4159
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Guernsey-Muskingum Valley Association of REALTORS® Broker REALTOR® Application for Participation

Is this a Main Office or a Branch Office? Main Branch (If only office with MLS, always check Main)

I, the undersigned, being a **Primary Broker REALTOR®** Member of the _____ Board/Association of REALTORS® since _____, hereby request participation in MLS NOW.

My signature below certifies that I have read and understand the Rules & Regulations of MLS NOW and hereby agree to abide by these and other Rules, Regulations, and Bylaws as may be adopted from time to time by the Board of Directors.

I irrevocably waive all claims against MLS NOW and its' participating Boards or any of their officers, directors, members, employees or participants as to its or their acts in denying participation or in suspending, expelling or otherwise disciplining me as a participant.

APPLICATION PROCESS

Upon receipt, and board approval of your application, your office, and agent information will be entered into MLS NOW' database. You will be sent a copy of your roster for verification of accuracy, and you will be given further instructions for MLS NOW' online access at that time.

LISTINGS

Once your office and agent information has been updated to our online system, your listings may be entered into the Service. MLS NOW will enter your listings for a fee, prior to you attending the Introduction to the MLS class and the Listing Input class, (This class is required for all those who want the ability to enter and change listings). If you were once with a broker that was already a Participant of MLS NOW and you already have the listing input capability, you may enter your own listings subject to MLS NOW Rules and Regulations. Any required listings obtained prior to your acceptance date must be entered within 72 hours of your acceptance date. Any required listings obtained on or after your acceptance date must be entered into the Service with 72 hours of the listing date.

Firm Name: _____

Firm Phone Number: _____ Firm Fax Number: _____

Firm Street Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Secondary board/association affiliations: _____

Firm Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Firm e-mail and web address (required): _____

AUTHORIZATION

By the act of submission of any property listing data to the Service, the Participant represents that he/she has been authorized to grant and does grant authority to the MLS for the Service to include the property listing data in its copyrighted compilation and in any statistical report on "Comparable." Listing content includes, but is not limited to, photographs, images, graphics, audio, and video recordings, virtual tours, drawings, descriptions, remarks, narratives, pricing information, and other details or information related to listed property. **Initial:** _____

COPYRIGHT

All right, title, and interest in each copy of every Service compilation created and copyrighted by the Service, and in the copyrights therein, shall at all times remain vested in the Service. **Initial:** _____

Broker's Name: _____ Date: _____
Please Print

Broker's Signature: _____

Office Manager: _____
Please Print

BOARD/ASSOCIATION USE

I hereby certify that the above REALTOR® is a member in good standing with the _____ Board/Association of REALTORS®.

Signature: _____ Date: _____

Sales Associates Information

IF MORE SPACE IS NEEDED PLEASE MAKE COPIES OF THIS PAGE

List all licensed brokers and sales associates below.

(This first entry is for the primary broker's information)

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

(Listing input capability will not be given to agent or support staff persons that have not taken the required listing input class.)

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?
