



Southeastern Michigan Multiple Listing Service a subsidiary of
Southeastern Border Association of REALTORS®
Monroe Office: 125 Cole Rd., Monroe MI 48162
Phone: 734-242-6866
Downriver Office: Horizon Building 20600 Eureka Rd., Suite 510, Taylor MI 48180
Phone: 734-287-8060
www.SEBrealtors.com

Application MLS Only REALTOR® Membership

1. Name (as it appears on your LARA license): _____ Gender: Male Female
2. Name (as you wish it to appear on the roster): _____
3. MI License #: _____ Date Real Estate Licensed was issued: _____
4. Number of years, months or days engaged in the real estate business: _____ NRDS #: _____
5. Type of License: Broker Appraiser Sales Person Specialty: Residential Commercial Other _____
6. Home Address: _____
(Street Address, City, State, and Zip Code)
7. Which do you prefer as your primary mailing address: Office Home
8. Cell Phone: _____ Home Phone: _____ Home Fax: _____
9. Would you like to receive text messages for billing? Yes No
If yes, please include the name of your cell phone carrier: _____
10. Preferred Email Address on the Roster: _____ DOB (MM/DD/YY) _____
11. Please check if you have ever been a member of another Associations: Yes No
12. List Primary Board and/or all other Association(s) of REALTORS® to which you currently/previously belong as a REALTOR®, REALTOR® Associate, or MLS Participant/Subscriber. _____
Please provide NRDS number, if applicable: _____
13. Have you been disciplined by any of the Board/Associations or MLS(s) listed in question #12? Yes No
(If you answered yes to question #13 provide all relevant details and dates or attach copies of the discipline.)
14. If question #11 is yes. A letter of good standing is required from the Association(s) listed above in question #12.
15. Have you ever been disciplined by LARA? Yes No
(If you answered yes to question #15 provide all relevant details and dates or attach copies of the discipline.)
16. Have you ever been convicted of a crime/felony? Yes No
17. Brokers Office Name: _____
18. Brokers Name: _____ Brokers MI License #: _____
19. Office Phone #: _____ Office Fax #: _____
20. Office Address: _____
(Street Address, City, State, and Zip Code)

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release from the Multiple Listing Service. I also understand that I am required to follow all Bylaws, Policies and Rules and Regulations set forth by the Multiple Listing Service. No refunds will be issued.

Agents Signature: _____

Today's Date: _____

Brokers Signature: _____

Today's Date: _____

FUTURE PAYMENTS & FEE SCHEDULE

Invoices:

- MLS User Fees and Annual Gateway Fee are required each calendar year. **All future payments are subject to change per billing cycle.** Please read below regarding payments due on holidays and weekends. A notice will be sent via email at least one month prior to the required billing due date(s). All invoices can be viewed and paid online at the SEBrealtors.com.
- If at any time your email address has changed. It is your responsibility to provide the SE MLS staff with your new email address prior to the invoices being sent.
- All payments must be received by 4 p.m. on the date(s).
- If the payment billing cycle date(s) ends on a holiday, Saturday or Sunday, the required payment(s) must be received by 4 p.m. on the first business day following. This includes online payments, U.S. Postal Service, or walk-ins. Reinstatement/late fees will be applied.
- Credit/debit card information can not be accepted over the phone due to liability issues. There will be a 3% service fee on all credit or debit card transactions.

MLS User Fee:

- Annual Gateway fee of \$100 due upon application and annually on June 30th.
- **The full amount for the MLS User Fee: \$500.** The MLS User Fee billing cycle will begin on July 1st and end on June 30th each calendar year. There are payment options (depending on member join date). Full amount \$500 or installment payments with a completed payment contract in the amounts of \$125 due on June 30th, September 30th, December 30th, and March 30th. Payments must be received no later than 4 p.m. on the due dates. There will be a \$50 late fee for each payment after the due date(s).

I _____ have read and agreed to the guidelines for the future payment requirements set forth by the Southeastern Michigan MLS. These guidelines may be amended at any time.

Today's Date: _____

Agents Signature: _____

Today's Date: _____

Brokers Signature: _____

CREDIT CARD or DEBIT CARD FORM

Due to liability issues credit/debit card information cannot be accepted over the phone.

Visa **Mastercard** **Discover** **American Express**

Payment amount of: \$ _____

Add 3% service fee: \$ _____

Total: \$ _____

Members Name: _____

(Print)

Name on the Card: _____

Card Number: _____

3-digit security code on the back: _____

Expiration Date: _____

Home or Business Address that matches the credit card:

(Street Address, City, State, and Zip Code)

10 Digit Phone Number: _____

Members Email Address: _____

Members Signature: _____