

Space Coast Association of REALTORS®, INC.

2950 Pineda Plaza Way, Palm Shores, FL 32940 Phone: 321-242-2211 Fax: 321-255-7669

www.SpaceCoastMLS.com



MLS ONLY APPLICATION

I hereby apply for MLS Membership in the Space Coast Association of REALTORS®. I understand that application fees and dues are non-refundable. In the event of election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the Space Coast Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance.

I am a member of the				sociation. A LE	TTER OF GOOD-	STANDING <u>MUS1</u>	BE ATTACHED.	
AGENT INFORMATION: (PLEASE PRINT)			<u>(</u>	OFFICE INFO	RMATION: (PL	EASE PRINT)		
Name				Office Name				
Address				Office Address				
City		State Zip	o (City		State	_ Zip	
Cell Phone				Office Phone _				
Social Security # (Last 4 Digits Only)				Office Fax				
E-Mail Address				Office NAR ID				
Agent License #				Office DBPR Business Number				
Agent NAR ID				Web Address				
Have you been fo (3) years or are th			thics or other men					
deductible as cha All moneys receiv are non-refundabl By signing below, specified address consent applies to that certain state	aritable contribut red for dues, feed le. , I consent that t s, telephone nun o changes in con and federal law	ions. Such payn s, fines, initiation, he REALTOR® A nbers, fax numbe tact information t s may place limit	plished. NOTE: Inents may, however, or other assessments associations (local ers, e-mail address hat may be provided to on communicat and dues are NO	state, national) s, text message ed by me to the ions that I am v	le as an ordinary e association are and their subsidiate or other means association(s) in twaiving to receive	and necessary by the property of the aries, if any may of communication he future. This co	usiness expense. e Association and contact me at the n available. This onsent recognizes	
DATE:		Signature:						
Designated Brok	xers: There s: There (Lapse	is a <u>one-time</u> pro is a <u>one-time</u> pro e in membership HEDULE for M L	ocessing fee of \$30 ocessing fee of \$15 will require the suit. S ACCESS – (Fe	00. 50 as long as yo bscriber to pay t es are \$92 per 0	ou remain a PAID the \$150 processi Quarter, Prorated	member in good ing fee for each re Monthly)	einstatement.)	
<u>JANUARY</u>			MARCH		MAY 1 – 14			
\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66	\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66	
<u>JULY</u>	AUG 1 – 14	AUG 15 – 31	<u>SEPTEMBER</u>	OCTOBER	NOV 1 – 14	NOV 15 – 30	DECEMBER	
\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66	\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66	
		CRED	IT CARD PAYM	IENT INFORM	<u>IATION</u>			
Name on Credit/Debit Card					Amount to	Amount to Charge		
Credit Card Number			Sec	Security Code		Expiration Date		
I would my quarterly ML			file authorizing s					

Fax application to: (321) 255-7669 - or - Email to: Membership@Space321.com