



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 _____ Association. **A LETTER OF GOOD-STANDING MUST BE ATTACHED.**

APPLICANT INFORMATION: (PLEASE PRINT)

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Social Security # (Last 4 Digits Only) _____
(REQUIRED)

E-Mail Address _____

Agent License # _____

Agent NAR ID _____

OFFICE INFORMATION: (PLEASE PRINT)

Office Name _____

Office Address _____

City _____ State _____ Zip _____

Office Phone _____

Office Fax _____

Office NAR ID _____

Office DBPR Business Number _____

Web Address _____

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? _____ NO _____ YES (If "YES" provide details as an attachment.)

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 other misstatement of fact, shall be grounds for revocation of MLS if granted. I further agree that I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Space Coast Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. All moneys received for dues, fees, fines, initiation, or other assessments owed to the association are the property of the Association and are non-refundable.

By signing below, I consent that the REALTOR® Associations (local state, national) and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax numbers, e-mail address, text message or other means of communication available. This consent applies to changes in contact information that may be provided by me to the association(s) 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. **** I understand my application fee and dues are NON-REFUNDABLE ****

DATE: _____ Signature: _____

Designated Brokers: There is a **one-time** processing fee of **\$375.00**

MLS Subscribers (Agents): There is a **one-time** processing fee of **\$150.00** as long as you remain a **PAID** member in good standing.
(Lapse in membership will require the subscriber to pay the \$150.00 processing fee for each reinstatement.)

FEE SCHEDULE for MLS ACCESS – (Fees are \$92 per Quarter, Prorated Monthly)

JANUARY	FEB 1 – 14	FEB 15 – 29	MARCH	APRIL	MAY 1 – 14	MAY 15 – 31	JUNE
\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66	\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66
JULY	AUG 1 – 14	AUG 15 – 31	SEPTEMBER	OCTOBER	NOV 1 – 14	NOV 15 – 30	DECEMBER
\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66	\$ 92.00	\$ 61.33	\$ 153.33	\$ 122.66

CREDIT CARD PAYMENT INFORMATION

Name on Credit/Debit Card _____ Amount to Charge _____

Credit Card Number _____ Security Code _____ Expiration Date _____

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