



**COMPANY MEMBERSHIP APPLICATION**

*EABOR® does not guarantee same-day account activation. We now reserve a 48-hour period to process applications and create Member and Subscriber accounts.*

Company Name: \_\_\_\_\_ NRDS# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Company information:     Sole Proprietor  Partnership  Corporation  LLC (Limited Liability Company)

Your Position:     Principal     Partnership     Corporate Officer     Branch Office Manager

Additional Partners/Officers of firm: \_\_\_\_\_

Have you ever been refused membership in any other Multiple Listing Service?     Yes     No

If yes, state reason: \_\_\_\_\_

Is the above listed address your principal place of business?     Yes     No

If not, please give address of additional offices: \_\_\_\_\_

Do you have an active real estate license in any other state?     Yes     No

List other states: \_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years?

Yes     No    If yes, provide details: \_\_\_\_\_

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by final judgment of any court of competent jurisdiction of a felony or other crime.     Yes     No

If yes, provide details: \_\_\_\_\_

I hereby certify that the information provided 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 if accepted for membership to the Multiple Listing Service to pay the fees and dues established by the association.

**Note:** Payments to the EA Board MLS 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 Realtor® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email addresses, or any 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.

**Date:** \_\_\_\_\_    **Signature:** \_\_\_\_\_