



# CAPITAL AREA REALTORS®



3149 Robbins Road • Springfield, IL 62704 • Phone 698-7000 • Fax 698-7009

## Multiple Listing Service

### Application and Fee Information for non-CAR Members

#### MULTIPLE LISTING SERVICE (MLS) FEES:

(Applicable to those Designated REALTORS® or Appraisers desiring MLS services)

- MLS Participant App. Fee: \$1,000 (Due with application)
- Security Fee: \$60 (Due with application)
- Monthly MLS Fee: \$50 per licensee (Billed quarterly in advance)
- Monthly Showing Time Appointment Scheduler Fee: \$13.25 per licensee (Billed quarterly in advance)

**Note: If you become a member ("Participant") of the MLS then you are obligated to pay the monthly user fee stated above multiplied by the number of real estate licensees affiliated with your firm regardless of whether they use the service who are not subscribers of another MLS.**

#### APPLICATIONS AND FORMS NEEDED:

1. MLS Application and Participation Agreement
2. Membership Verification from Local Association
3. Check made out to the Capital Area Multiple Listing Service in the appropriate amount



**Please make your checks payable to:  
Capital Area Multiple Listing Service**

Discover       Visa       Mastercard       Check # \_\_\_\_\_



Exp. Date \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**If you have any questions concerning this application please call  
Kathy Nichelson at 698-7000.**



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## Application for MLS Membership by non-CAR Member and MLS Participation Agreement

**Note: This application is for use by REALTOR® members of other Associations**

I hereby apply for "Participation" in the Capital Area REALTORS® Multiple Listing Service (MLS). Enclosed is my NON-REFUNDABLE application fee of \$1,000.00.

Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First) (Middle) (Last)

Name as you want it to appear on roster \_\_\_\_\_ NRDS# \_\_\_\_\_

Name of firm \_\_\_\_\_

Indicate legal status:  Sole Proprietor  DBA  Limited Liability Company  
 Corporation  Partnership

Position with firm:  Principal  Partner  Corporate Officer  
 Office Manager  Employee  Independent Contractor  
 Appraiser  Other \_\_\_\_\_ (If "other" explain)

Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
(Street) (Town) (Zip)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (Town) (Zip)

Cellular Phone# \_\_\_\_\_ Main Contact Phone# to list in MLS \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

License Number: \_\_\_\_\_  Broker  Licensed Appraiser  
 Managing Broker  Certified Residential Appraiser  
 Other  Certified General Appraiser

Do you currently hold membership in another Board/Association of REALTORS®?  Yes  No If yes, list name \_\_\_\_\_.

Please list any professional real estate designations you hold: \_\_\_\_\_

Please list all licensed persons ( salespeople, brokers or appraisers) associated with your firm (use attached Certification of Licensee Form). As a condition of Participation in the Capital Area MLS applicant agrees to notify the Capital Area MLS immediately of any changes to the attached Certification of Licensee Form.

State the names and titles of all other principals, partners, or corporate officers of your firm.

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Name) (Title)

(continued)

Is the Office Address, as stated in Section I, your principal place of business?  Yes  No

List the name and addresses of all branch offices or other real estate firms in which you are a principal, partner or corporate officer:

_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? *(If yes, on a separate attachment please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto)*  Yes  No

NOTE: If the answer to the previous question is yes applicant acknowledges that the MLS may require as a condition of membership that the bankrupt applicant pay cash in advance for MLS fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees and attendance at a mandatory MLS orientation program. Specifically, I acknowledge that I must attend an onsite MLS orientation within 60-days of acceptance of my application for MLS membership and that this same orientation requirement shall also apply to all users affiliated with the firm. *(Note: This orientation program lasts approximately 1-hour and will generally be held at CAR's office on the third Wednesday of each month beginning at 10:00 a.m. although the dates may vary.)* Participant acknowledges that it is the responsibility of the Participant and/or user to verify these dates and to register for the orientation. Failure to comply with this requirement will result in suspension of services.

I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

I certify that in signing this application all information provided is true and correct and I authorize the Capital Area MLS through its representatives to make such investigation as may be considered necessary to verify the statements herein made by me.

Applicant acknowledges that continued active REALTOR® membership in a REALTOR® Association and continued maintenance of a valid Illinois Real Estate Broker's License or Appraiser's License is a prerequisite to and requirement of Participation in the Capital Area MLS. Furthermore, applicant acknowledges that should either of these conditions cease to be met applicant will notify the Capital Area MLS immediately.

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 misstatement of fact, may be grounds for revocation of my membership if granted.

Dated \_\_\_\_\_ 20 \_\_\_\_\_ Signed \_\_\_\_\_  
(Designated REALTOR®)

# CERTIFICATION OF LICENSEE FORM

MLS Office # \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone# \_\_\_\_\_

## Principals Partners, or Corporation Officers Only

Name/Title

License #

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## Unlicensed Office Personnel Only ( i.e. Administrative Assistants, etc.)

Name/Title

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List all Licensed Personnel (i.e., salespeople, brokers, appraisers) FULL OR PART TIME  
*Please list in alphabetical order.*

Name

License #

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Name	License #
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

I do hereby certified that this list is an accurate and complete roster of ALL PERSONS LICENSED IN THIS OFFICE and hereby agree to notify the Capital Area MLS immediately whenever changes occur to this roster.

\_\_\_\_\_

Designated REALTOR'S® Signature

\_\_\_\_\_

Date

**Multiple Listing Service Activation Form**

**PASSWORD** \_\_\_\_\_  
(4 digits - numbers only)

**Home Phone No.** \_\_\_\_\_

**TO MLS MANAGER:**

**Please begin MLS services for**

\_\_\_\_\_

**Effective** \_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Signature of MLS Participant**  
(Designated REALTOR®/MLS Participant)

## Real Property Internet Advertising Authorization Form

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, as the Designated REALTOR® of \_\_\_\_\_ (Brokerage Company) I hereby authorize the Capital Area REALTORS® through its Multiple Listing Service (MLS) to place on the internet, in the form of advertising, certain limited information\* pertaining to all of my company's property listings placed in the Multiple Listing Service.

This is being offered "FREE" as a service of the Capital Area Multiple Listing Service. You retain the right to withdraw from this program at any time.

\_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

(MLS Participant)

\*This information will NOT include private telephone numbers, security codes, owner names or private comment fields that relate to a property.