



RMLS ALLIANCE

RMLS INDIVIDUAL MEMBERSHIP APPLICATION

As a REALTOR® member in good standing of the _____

Association/Board of REALTORS®, I, _____ NAME OF PARTICIPANT

would like to receive RMLS services through the Peoria Area Association of REALTORS® office, located at 7307 N. Willowlake Court, Peoria, IL. I understand there are fees which must accompany this application.

I agree as a condition of membership I am obligated to adhere to the Code of Ethics of the National Association of REALTORS® and the Constitution, Bylaws and Rules and Regulations of the above named Association and of the RMLS, the State Association, and the National Association, including the obligation to arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics, and as further specified in the Code of Ethics and Arbitration Manual of the National Association of REALTORS®, as from time to time amended. I further understand that a violation of the Code of Ethics may result in termination of any RMLS privileges.

Applicant acknowledges that they are a member in good standing with the Association indicated above and PAAR has permission to contact them for verification.

I further understand that in compliance with the PAAR Rules & Regulations I shall complete an orientation program of no more than eight (8) combined classroom hours devoted to the RMLS Rules & Regulations, Bylaws, contracts, forms and disclosures during the next scheduled orientation program, but no later than the second scheduled session, and computer training related to RMLS information entry, retrieval and the operation of the RMLS after application has been made and/or access has been provided.

PAAR USE ONLY

Date Received: _____

Dues Paid: _____

Initial Fee: _____

Member ID: _____

NRDS #: _____

Dates Appeared: _____

THIS APPLICATION WILL ONLY BE ACCEPTED IF COMPLETED IN ITS ENTIRETY. ALL FIELDS ARE REQUIRED.

PERSONAL INFORMATION:					
First Name:		Middle Name:			
Last Name:		Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Personal Fax:		Desk Phone:			
E-mail Address:					
Web Address:					
Date of Birth:		Gender:			

I understand that by providing my email address and fax number, I consent to receive communications, advertisements and solicitations sent by or on behalf of Peoria Area Association of REALTORS®, its subsidiaries and affiliates, namely, the Illinois Association of REALTORS®, and National Association of REALTORS® via email or fax. I understand that PAAR will not share my email/phone/fax numbers with other organizations.

LICENSING INFORMATION:			
Check:	Designated REALTOR® <input type="checkbox"/>	Real Estate License #:	
	Appraiser <input type="checkbox"/>	Appraisal License #:	
	Type of Appraisal License:	<input type="checkbox"/> Certified Residential <input type="checkbox"/> Certified General <input type="checkbox"/> Associate Trainee	

COMPANY AFFILIATION INFORMATION:		
Company Name:		
Company Address:		
Company Phone:		Fax:
Company License #:		
Co. Email Address:		
Co. Web Address:		

PREFERRED MAILING/CONTACT INFORMATION:	
Preferred Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell
Preferred Mailing:	<input type="checkbox"/> Home <input type="checkbox"/> Office
Mail Publications to:	<input type="checkbox"/> Home <input type="checkbox"/> Office
Primary Method of Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter <input type="checkbox"/> Text

APPLICANT INFORMATION:	
Are you currently participating in an MLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, name of MLS Association/Board:	
Are you currently a Primary member of another Board/Association which is affiliated with the National Association of REALTORS®: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, name of Association/Board:	
Please Note: A letter of good standing from that Association/Board must accompany your application.	

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, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the RMLS, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Peoria Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

APPLICANT SIGNATURE

Date:

Applicant Signature:

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