



# RMLS ALLIANCE

## RMLS PARTICIPANT MEMBERSHIP APPLICATION

As a REALTOR® member in good standing of the \_\_\_\_\_  
Association/Board of REALTORS®, I, \_\_\_\_\_ NAME OF PARTICIPANT

would like to participate in the RMLS. I understand there is a \$750.00 initial fee which must accompany this application. I further understand that according to the RMLS Rules, my firm will be assessed the current quarterly RMLS Fee for all licensees, along with the monthly company fee.

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 Bylaws 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.

Will your Brokerage list and/or sell properties?  Yes, I certify.  No, I cannot certify

To be eligible for RMLS membership, RMLS Broker Participants must offer and/or accept offers of cooperation and compensation made by listing brokers or agents in the RMLS. I certify that I actively endeavor during the operation of my real estate business to list real property of the type listed on the RMLS and/or to accept offers of cooperation and compensation made by listing brokers or agents in the RMLS.

- Yes, I certify.  No, I cannot certify.
- No, because I exclusively appraise properties and do not sell.

*Access to the web based RMLS will be made available to the Participant 10 days from receipt of application.*

| 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 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.**

The Participant Applicant agrees to report to the RMLS all licensed and certified Appraisal and Brokers Licenses held at the time of application and also agrees to report any changes in said list within ten (10) days of change.

### LIST ALL LICENSEES AFFILIATED WITH YOUR FIRM

(Make additional copies, if necessary.)

|                                 |  |                |  |         |  |
|---------------------------------|--|----------------|--|---------|--|
| First & Last Name:              |  |                |  |         |  |
| License #:                      |  | Date of Birth: |  | Gender: |  |
| Home Address:                   |  |                |  |         |  |
| City:                           |  | State:         |  | Zip:    |  |
| Home Phone:                     |  | Cell Phone:    |  |         |  |
| E-mail Address:                 |  |                |  |         |  |
| Web Address:                    |  |                |  |         |  |
| PLEASE ATTACH A COPY OF LICENSE |  |                |  |         |  |

|                                 |  |                |  |         |  |
|---------------------------------|--|----------------|--|---------|--|
| First & Last Name:              |  |                |  |         |  |
| License #:                      |  | Date of Birth: |  | Gender: |  |
| Home Address:                   |  |                |  |         |  |
| City:                           |  | State:         |  | Zip:    |  |
| Home Phone:                     |  | Cell Phone:    |  |         |  |
| E-mail Address:                 |  |                |  |         |  |
| Web Address:                    |  |                |  |         |  |
| PLEASE ATTACH A COPY OF LICENSE |  |                |  |         |  |

|                                 |  |                |  |         |  |
|---------------------------------|--|----------------|--|---------|--|
| First & Last Name:              |  |                |  |         |  |
| License #:                      |  | Date of Birth: |  | Gender: |  |
| Home Address:                   |  |                |  |         |  |
| City:                           |  | State:         |  | Zip:    |  |
| Home Phone:                     |  | Cell Phone:    |  |         |  |
| E-mail Address:                 |  |                |  |         |  |
| Web Address:                    |  |                |  |         |  |
| PLEASE ATTACH A COPY OF LICENSE |  |                |  |         |  |

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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