

928-537-1107 phone | 928-537-3788 fax

wmar@wmaronline.com email www.wmaronline.com website

INDIVIDUAL NON-MEMBER MLS ONLY SUBSCRIPTION APPLICATION

To ensure your application is processed as quickly as possible, please complete and/or attach <u>ALL</u> applicable items with your application.

All signature and initial lines are filled in and dated, where applicable, on all pages of the application.
$\hfill\square$ Your FLEX MLS User ID must be 6-9 characters in length and must be alpha-numeric, with no symbols or punctuation.
$\hfill\Box$ Your email address is complete, correct, and legible.
$\hfill\Box$ Your Broker has signed and dated the application where indicated.
$\hfill\Box$ If a branch manager is signing on behalf of the Broker, a letter authorizing the signing on behalf of the Broker must be included.
\square If you answered YES to any of the 5 questions on page three **, a letter of explanation must be included.
\Box Form of payment has been attached to application or has been provided via phone or in person.
□ A copy of a current real estate license CERTIFICATE . (You may obtain your certificate from AZRE here: https://ptl.az.gov/dre/#/login)
□ A copy of your most recent Code of Ethics CERTIFICATE is attached. Must have been completed within the last 3 years. <i>Note: If you are newly licensed, you may submit your certificate after application processing, but within your first 30 days of application approval.</i>
□ A copy of your valid Photo ID front and back.
□ Include a "Letter of Good Standing" from your Primary Association dated within the past 30 days.
☐ Attach your Primary Supra key provider-authorized Cooperating Supra Agreement and attach to application, <i>if applicable</i> .

*excluding weekends and holidays

3320 Kay Road



Lakeside, AZ 85929
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PLEASE PRINT/COMPLETE ALL FIELDS, IF NOT APPLICABLE, PLEASE USE N/A

Individual Name:					
	Last		First	MI	(Nickname)
Physical Address:					
Street		City		State	Zip
Mailing Address:					
Street		City		State	Zip
cell phone	home phone		email		website
wmar	FLEX MLS USER ID		Birthdate: _		
REQUESTED I	FLEX MLS USER ID				mm/dd/yr
Have you previously he	ld a WMAR Affiliation?	□ Yes □ N	No		
Office Affiliation:	Company Name		Office Pho		Fax
			Office Pilo	ne#	гах
Physical Address: Street		City		State	Zip
Individual Real Estate I	icense#				
Office Real Estate Lice	nse #				
I am applying for:					
☐ INDIVIDUAL (RE	QUIRED)				
\$120 Annual MLS Su Fee	ubscription + \$150 One-time Set	-up Fee + \$350	Application Fee On	e-time Set-up Fe	e + \$350 Annual Administrative
☐ SUPRA Key Co-O _l	pSerial #:		Pin #:		
\$50 Annual Adminis	trative Fee + \$125 One-time Se	t-up Fee			

Individual NRDS #:		
PRIMARY Field of Business:	PRIMARY Board:Acronym	
	Acronym	-
Has this office previously held a WMAR Men	mbership? □ Yes □ No	
Does this office hold a WMAR Membership?	P □ Yes □ No	
Position with company: Owner Designa	ted Broker/Owner Designated Broker	
Please check any designations that you hold:	\square ALC \square CPM \square ARM \square CCIM \square CIPS \square CR	$B \ \square \ CRE \ \square \ CRS$
\square GAA \square GRI \square LTG \square RAA \square S	SIOR OTHER	
Email address for online billing:		
I affirm that I will (or will be) actively endear	voring to list real property and accept (or will accept) off	ers of cooperation and
Compensation from other Participants in the	MLS? Yes No Applicant's Initials:	
1 1	plicants. If the answer is yes to any of the following qualitation:	uestions, please provide
1. Do you hold, or have you ever held,	•	\square Yes \square No
•	ny other state ever been suspended or revoked?	☐ Yes ☐ No
•	state Association ever been suspended or revoked?	☐ Yes ☐ No
· -	ved complaints, or have there been within the past 3 year	
real estate Association or any state/fe		\square Yes \square No
5. Have you ever been convicted of a felo	nnv?	\square Yes \square No

Please read the following:

With this application, I hereby apply for a Non-Member MLS ONLY Subscription with the White Mountain Association of REALTORS®. In the event my application is not accepted, I understand I will be refunded any monies paid.

I further agree to familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the *Code of Ethics and Arbitration Manual* of this Association and the *Bylaws*, *Policy Statements* and *MLS Rules & Regulations* of the White Mountain Association of REALTORS®, the Arizona Association of REALTORS®, and the National Association of REALTORS®.

I further agree that my act of paying subscriber and application fees shall evidence my initial and continuing commitment to abide by the aforementioned *Code of Ethics*, *Bylaws*, *Policy Statements*, *MLS Rules & Regulations*, and duty to arbitrate; all as from time-to-time may be amended. Finally, I consent and authorize the White Mountain Association of REALTORS® to invite and receive information and comments about me from any Member, or other person or Association. I further agree that any information furnished to the Association in response to any such invitation shall be conclusively deemed to be privileged and will not form the basis of any action by me for slander, libel, or defamation of character.

NOTE:

Applicant acknowledges that if accepted as a Non-Member MLS-Only Subscriber and said subscriber subsequently resigns or is expelled from the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of Non-Member MLS-only participation upon applicant's verification that Subscriber will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or, if applicant resigns or is expelled without having complied with an award in arbitration, the Board of Directors may condition renewal of MLS participation upon Subscriber's payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

NOTE:

Payments made to the White Mountain Association of REALTORS® are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. The White Mountain Association of REALTORS® does not prorate its annual dues. Per the Association Bylaws, once an applicant is accepted, all fees are non-refundable. All White Mountain Association of REALTORS® subscriber re-applicants are subject to re-payment of all applicable application fees.

I certify the information supplied on this application is correct and that I have read and accept all the conditions of application described above. I also agree that if accepted for membership, I shall pay the dues and fees as from time-to- time established.

Applicant's Printed Name:	
Applicant's Signature:	Date:
Broker's Printed Name:	
Broker's Signature:	Date:

White Mountain Association of REALTORS® Cooperating Supra Key Agreement

Phone: 928-537-1107 Fax: 928-537-3788 Email: wmar@wmaronline.com

Date:	
Agent Name:	
You may pay by credit card (Visa, M	asterCard, American Express or Discover).
There is a \$ 125.0	0 fee to co-op your key.
Primary Association / Primary MLS: _	
KEY #	PIN Code:
Primary Association / Primary MLS Signature:	Date:

Lockboxes from other MLSs do not work in the WMAR MLS. You will need to lease one from WMAR. Your broker must give written permission for WMAR to release a lockbox to you, the member. Primary and Secondary members may use the lockboxes at no charge. Non-Members may lease a lockbox for \$150.00 per box, the refundable amount is \$120.00 per box. Refunds will be issued via check after the lockbox has been returned. Lockboxes must be returned upon termination of your membership with WMAR.

PLEASE NOTE: Your Primary Association / MLS must sign this form BEFORE Supra access is granted.



CREDIT / DEBIT CARD MEMBERSHIP PAYMENT AUTHORIZATION

** If paying by check, please attach check to application**

DATE:	<u> </u>
NRDS #:	
CIRCLE CARD TYPE: VISA AMERICAN EXPRESS MASTERCARD	DISCOVER
NAME AS IT APPEARS ON CARD	
CREDIT / DEBIT CARD NUMBER	
EXPIRATION DATE	CVS Code
AMOUNT APPROVED \$:	-
NEED RECEIPT? $\bigcirc_{\text{YES}}\bigcirc_{\text{NO}}$	
EMAIL ADDRESS (if different from application):	
	(Office Use Only)