



Elmira-Corning Regional Association of Realtors®
 3338 State Route 352, Corning, NY 14830
 Phone: 607-562-7035 Fax: 607-562-8178
 Email: srose@elmira-corningrealtors.com
 Web: www.elmira-corningrealtors.com

OFFICE APPLICATION

Note: (If principal broker is not currently a member of ECRAR and or its MLS he/she must also complete an application for REALTOR®/MLS Membership.)

I am enclosing payment in the amount of \$150.00 for the office application fee. Cash, credit card, or check payable to ECRAR are acceptable forms of payment. My application fee and any dues that have been paid will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the ECRAR, the New York State Association of REALTORS® (NYSAR) and the National Association of REALTORS® (NAR).

I agree to pay all dues, fees, fines and other assessments of ECRAR as may be from time to time established by ECRAR. I understand fees are non-refundable and that failure to pay all dues, fees, fines and assessments when due may result in the loss of REALTOR® membership and or MLS services for myself and the licensees affiliated with my office.

I hereby submit the following information for your consideration:

NAME OF PRINCIPAL BROKER SUBMITTING THIS OFFICE APPLICATION: _____

OFFICE NAME: _____

OFFICE LICENSE NUMBER: _____

OFFICE ADDRESS: _____
Street City State Zip

OFFICE PHONE: _____ **OFFICE FAX:** _____

OFFICE WEBSITE: _____ **OFFICE EMAIL:** _____

Check one: **Main Office** **Branch Office (if a branch office please complete the next two fields)**

MAIN OFFICE NAME: _____

MAIN OFFICE ADDRESS: _____
Street City State Zip

Record the names and titles of all other Principals, Partners, Corporate Officers, or Trustees of your firm. _____

Has your firm been found in violation of real estate licensing regulations within the last three years? **YES** **NO**

(If yes, provide details in an attachment)

Has your firm been convicted, adjudged, or otherwise recorded as guilty of any court competent jurisdiction of a felony or other crime? **YES** **NO** *(if yes, provide details in an attachment)*

At present I have _____ licensees and or certified licensed appraisers and/or apprentice appraisers affiliated with me. I understand that any licensee(s) affiliated with my office must become a member of a local REALTOR® Association or as a principal broker I will be billed a non-member licensee assessment.

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 Board, I shall pay the fees and dues as from time to time established.

SIGNATURE OF PRINCIPAL BROKER SUBMITTING APPLICATION: _____ **Date:** _____

MLS PARTICIPATION AGREEMENT

Name of Participant (Principal Broker): _____

Office Name/Address: _____

Primary Board/Association: _____

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. I confirm that I currently, and will on a continual and ongoing basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS, share information on listed property, and make property available to other brokers for showing to prospective purchasers and tenants when it is in the best interest of their clients and to actively cooperate. I agree that I must continue to engage in such activities during my participation in the MLS. I acknowledge that failure to abide by these conditions of participation on an ongoing basis may result in potential suspension or termination of MLS participatory rights after a hearing in accordance with the MLS's established procedures.

As authorized participant of the Multiple Listing Service (MLS) of the Elmira-Corning Regional Association of Realtors®, I understand that the responsibility and accountability for the non-use of the MLS by unauthorized persons shall rest with me, the Participant REALTOR® and agree that any change in MLS user status will be reported to the Association office within 30 days, with the appropriate application and all applicable fees made to the Elmira-Corning Regional Association of Realtors®.

(Check one of the two boxes below):

My firm is an Internet Data Exchange Participant. I understand that I am hereby giving every other Internet Data Exchange Participants in the ECRAR MLS permission to advertise my listings on their websites, and will be permitted to advertise other Participants' listings on my website, subject to the Rules and Regulations of the ECRAR MLS IDX Policy.

My firm is not an Internet Data Exchange Participant. I understand that this means that IDX Participants will not be permitted to display my listings on their web sites nor will I be permitted to advertise other Participants' listings on my website.

Do you have administrative office staff who will be needing MLS access as part of their clerical duties? YES NO

If yes, please write their name and email address below.

NAME: _____ **EMAIL ADDRESS:** _____

By signing below 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.

SIGNATURE OF MLS PARTICIPANT: _____ **Date:** _____

Do you wish to receive an inventory of the lockboxes for the office listed above? YES NO

If you will be participating in our lockbox key program and are requesting an inventory of lockboxes for this office please make this request when setting up your new member appointment. Additional paperwork will be provided to you during the appointment.