MY FLORIDA REGIONAL MLS MEMBERSHIP FORM
BROKER/SALESPERSON

Primary Association/Board:_____ Date:_____

FIRM INFORMATION

☐ New Firm ☐ Name Change ☐ Firm Address Chg ☐ Phone/Fax Chg ☐ Other _____

Firm Name: _____Firm MLS #:_____

Firm Address: _____
Street/P.O./Apt **City** **State** **Zip**

Firm Phone#:_____ Fax #:_____

E-Mail:_____Web:_____

Firm FREC License#:_____FREC License Type: _____

Is this firm an: ☐ Individual ☐ DBA ☐ Partnership ☐ Corporation

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

Name_____ Title_____

PARTICIPANT/SUBSCRIBER INFORMATION

☐ New Agent ☐ New Broker ☐Multi License ☐ Activate ☐ Transfer ☐ Reinstatement

Mail Preference: ☐ Home ☐ Office

Nickname to appear on your listings._____

*Name: _____

*Agent Direct Phone: _____Fax:_____Cell#_____

*Home Address: _____
Street/P.O./Apt **City** **State** **Zip**

License#:_____ MLS ID#_____

*E-Mail:_____Web:_____

*Firm Name: _____Firm MLS #:_____

***Password:** _____
(6-12 characters)

ACTIVATION INFORMATION

☐ $90.00 Activation Fee ☐ $215.00 New Firm Processing Fee ☐ Reinstating

Prorated Participation Fee from _____to _____Yr_____ Amt $_____

PAYMENT TYPE (***Credit Card account numbers appear on MFRMLS Activation Form)***

☐ CHECK#_____ ☐CASH ☐ VISA ☐ MC ☐ Disc ☐ Amex

I agree to abide by the Multiple Listing Service Rules and Regulations of the My Florida Regional Multiple Listing Service and to attend the mandatory MLXchange training within ninety days of this application. I understand that if I do not attend mandatory training within sixty days my fees will be forfeited and I will be suspended from the Service.

****NOTE: MLS FEES OR PRO-RATED FEES ARE NOT REFUNDABLE.**

***SIGNATURE**_____ **Date**_____

Revised 3/16/11