

**MARCO ISLAND AREA ASSOCIATION OF REALTORS®**  
**140 WATERWAY DRIVE, MARCO ISLAND, FL 34145**  
**(239) 394-5616 FAX (239) 394-8149**

**SUBSCRIBER APPLICANT INFORMATION**

Name: \_\_\_\_\_

Real Estate License #: \_\_\_\_\_

Licensed certified appraiser: [  ] Yes [  ] No

Appraisal License #: \_\_\_\_\_

**Office Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Preferred Mailing:** [  ] Home [  ] Office **Preferred Phone:** [  ] Home [  ] Office [  ] Cell

**Preferred E-Mail:** [  ] Home [  ] Office

Are you presently a member of any other Association of REALTORS®? [  ] Yes [  ] No

If YES, Name of Association \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®? [  ] Yes [  ] No

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? [  ] Yes [  ] No (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS)

#: \_\_\_\_\_

and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_.

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 MLS access if granted. I further agree that I shall pay the fees as from time to time established. **NOTE:** Payments to the Marco Island 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.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications which I am waiving to receive all communications as part of my membership.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

**Temporary Password for MLS Access will be issued to you once your application is approved**

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## Designated REALTOR® Endorsement

\_\_\_\_\_ (insert name of applicant) will be supervised by me to assure compliance with the requirements of the Marco Island Area Association of REALTORS®, Inc. The Licensee shall adhere to the Code of Ethics of the National Association of REALTORS®.

**DATE** \_\_\_\_\_

**SIGNED by Broker** \_\_\_\_\_

\_\_\_\_\_  
TYPED NAME OF DESIGNATED REALTOR® (Broker)

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**MLS Training Classes**

1. Attendance at MLS Training Class for Realtors® is **mandatory**

**2014 MLS TRAINING CLASSES all class are 8:30am to 11:30am – \*Cost \$25.00**

January 9  
March 6  
May 5

July 10  
August 28  
November 6

You have 90 days to complete the MLS Training Class and will receive 4 CE credits once you've completed the class. \*Should you not complete the MLS Training in the required amount of time, your access will be suspended and cost of class is non-refundable.

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• **Marco Multi List, Inc. (MLS) Subscriber Fees**

***For Realtors***

*Subscriber Access Fee: \$30.00 per month\*, billed through Broker*

*\* Subject to change without notice.*

**SEND IN CHECK LIST:**

- ( ) Completed application form, with Designated Realtor (Broker) endorsement***
- ( ) Copy of current individual real estate license***
- ( ) Member in Good Standing Letter from your primary board***
- ( ) Payment for MLS Training Class (check or credit card)***

To access our MLS go to [www.marcoareams.com](http://www.marcoareams.com). Your logon is your license number (without SL or BR) and a temporary password will be provided.

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**APPLICATION FOR REALTOR® MEMBERSHIP**

**Biographical Information: (Optional)**

This information is solely for Association use. You do not have to complete this section.

Date of Birth: \_\_\_\_\_ Sex: ( ) Male ( ) Female  
(Mo/Day/Yr)

First entered real estate business \_\_\_\_\_ in \_\_\_\_\_  
(Year) (County/State)

Real Estate Designations held: GRI CRS CRB CPM CCIM PMN Other \_\_\_\_\_

What foreign languages do you speak? \_\_\_\_\_

How long have you lived in Southwest Florida? \_\_\_\_\_

Where did you move from? \_\_\_\_\_

Home town \_\_\_\_\_ State \_\_\_\_\_

Education: name of college or university and degree \_\_\_\_\_

Previous type of business experience: \_\_\_\_\_

Have you ever held elective or appointive office in any governmental body, service club, or other organization?

Please specify: \_\_\_\_\_

\_\_\_\_\_

Have you ever done any public speaking and on what subject(s)? \_\_\_\_\_

Talents (Singing, Acting, etc.) \_\_\_\_\_