

New Office Set Up Form

Designated Broker/Realtor	®/Appraiser		
Office Name			
Office Address			
City	State	Zip	
Email			
Application Fee: I agree to within the MLS shall remain only cancellation of service. In the everapplication fee must be submitted membership) Please Initial	as long as I continue in good sent that my membership is disc	tanding OR until I submontinued for any reason	it a written request for , I understand that the \$250
Adding Licensees: The De licensees that join or leave the fir from Greater Lakes Association	m within 30 days of the date of	affiliation or severance.	
⇒ Following Bylaws: I agree established and as in existence a proper order as provided by said	ind as may be amended from ti	me to time. I also agree	
Monthly Fees: I shall pay \$ 20 th of each month or late fees w licensee affiliated with my comparates can be changed by the GLI	ill be added. If not paid by the 3 any until MLS service fees and I	Oth of the month servic ate fees are paid in full.	e will be disrupted for each I also understand that the above
Termination of Usage: I use the Service with persons NOT aff be subject to action by the Professalso understand that only myself place their listings in the Service. MLS. Please Initial	iliated with the Service, my part sional Standards Committee in and only agents participating a	icipation shall automation accordance with the By and paying for the Service	cally be revoked, and I will laws of the Association. I will be able to access and
Rules & Regulations: I ag and will comply with all the provis MLS. Please Initial			
➡I certify that I am an activeF	REALTOR ®Appraiser or _	_an active member of	
	Please Initial_		
(name of board/association membership➡ I recognize that the material p	,	tial information for my u	se. Please Initial
·		·	
Designated Broker/ Realtor ®/Ap	praiser (Print)		
		Dated _	
Designated Broker/ Realtor ®/Ap	praiser (Signature)		