

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 evapplication fee must be submitte membership) Please Initial	as long as I continue in good sent that my membership is disc	standing OR until I sub continued for any reaso	mit a written request for on, I understand that the \$250
Adding Licensees: The Delicensees that join or leave the firm Greater Lakes Association	m within 30 days of the date o	f affiliation or severand	ion of any additional individual e. Licensees requesting services
	ind as may be amended from t	ime to time. I also agre	e Code of Ethics and directives as see to keep all listings current and i
Monthly Fees: I shall pay \$ 20th 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 my until MLS service fees and	30th of the month serv late fees are paid in fu	ice will be disrupted for each II. I also understand that the above
Termination of Usage: I use the Service with persons NOT af 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 par ssional Standards Committee i and only agents participating a	ticipation shall automan accordance with the and paying for the Serv	tically be revoked, and I will Bylaws of the Association. I ice will be able to access and
Rules & Regulations: I ag and will comply with all the provision. Please Initial			ulations and operating procedures putes arising out of the use of
➡I certify that I am an activeI	REALTOR ®Appraiser or _	_an active member of	
	Please Initial_		
(name of board/association membership➡ I recognize that the material p	•	ntial information for my	use. Please Initial
·			
Designated Broker/ Realtor ®/Ap	praiser (Print)		
		Dated	
Designated Broker/ Realtor ®/Ap	praiser (Signature)		