



Broker Change Form

Date _____

Change Broker/Designated REALTOR® or Office Manager

Company Name _____

Previous Broker/Designated REALTOR® _____ Member ID _____

New Broker/Designated REALTOR® _____ Member ID _____

Previous Office Manager _____ Member ID _____

New Office Manager _____ Member ID _____

Previous Broker/Designated REALTOR® Signature _____

New Broker/Designated REALTOR® Signature _____

New Office Manager Signature _____

Please submit a copy of the New Designated Broker's license along with this form to Greater Lakes Association of Realtors®.

Multiple Listing Service Confidentiality/Service Agreement

I understand that if I, or any licensee affiliated with my firm, share information or use of the Service with persons **NOT** affiliated with the Service, my participation shall automatically be revoked, and I will be subject to action by the Professional Standards Committee in accordance with the Bylaws of the Association.

I also understand that only myself and only agents participating and paying for the Service will be able to access and place their listings in the Service. Your participation in MLS will be revoked if you allow any non-paying agent access to MLS.

This agreement can be terminated by either party giving 30 days written notice to the other party.

I shall pay \$55.00 per month for each licensee affiliated with my company. To be paid prior to the 20th of each month or late fees will be added and if not paid by the 30th of the month service will be disrupted for each licensee affiliated with my company until service fees and late fees are paid in full.

I agree to abide by all the Bylaws, Rules and Regulations, the Code of Ethics and directives as established and as in existence and as may be amended from time to time. I also agree to keep all listings current and in proper order as provided by said Rules and Regulations.

Applicant's signature _____ Name of Company _____

Date: _____



MLS Auto Pay Authorization

Auto Pay Authorization Form*

Designated Broker Name: _____ NRDS# _____

Company Name: _____ Phone Number: _____

I, _____, authorize the Greater Lakes Association of REALTORS® to charge my credit card for my monthly MLS fees on an ongoing basis. I understand that this form is valid as long as I am a member of the Greater Lakes Association of REALTORS® or until I cancel the Auto Pay service.

To prevent service interruption and reinstatement fees, please update your payment information via the member portal (<https://greaterlakesrealtors.com/>) with ANY CHANGE to your credit card information.

All fees & charges are non-refundable.

Signature: _____ Date: _____

****To be enrolled in the Auto Pay Service for your monthly MLS fees this form is to be signed and sent to the Association but you will want to make sure that you have saved your credit card information on the member portal or call the association with your credit card information and we can set it up for you.***

*****Please note your credit card information is retained in E-Commerce. The Association does NOT retain credit card information.***