



North Office
5605 Valley Belt Road
Independence, OH 44131

South Office
7110 Whipple Ave. NW #D102
North Canton, OH 44720

Phone: (216) 485-4100
Fax # (216) 485-4159
Membership@MLSNow.com

Broker Application for Participation

My signature below certifies that I have read and understand the Rules & Regulations of MLS Now and hereby agree to abide by these and other Rules, Regulations, and Bylaws as may be adopted from time to time by the Board of Directors.

I further agree to submit an initiation fee and a copy of my brokerage license.

I irrevocably waive all claims against MLS Now and its participating Boards or any of their officers, directors, members, employees or participants as to their acts in denying participation or in suspending, expelling, or otherwise disciplining me as a participant.

- ☐ **Ohio Board Member** (An Initiation Fee of \$250.00 must be submitted with the application)
Primary Board Name: _____
- ☐ ***Non-Ohio Board Member** (An Initiation Fee of 333.33 must be submitted with the application)
Out of State Primary Board: _____
OR
- ☐ ***I do not belong to a board of REALTORS** (An Initiation Fee of \$333.33 must be submitted with the application)

***This section is mandatory for individuals who are not Ohio Board Members or are not affiliated with a Board of REALTORS®**

Please check one: ☐ Akron-Cleveland (ACAR) ☐ East Central (ECAR) ☐ Lake/Geauga (LGAAR)
☐ Lorain (LOCAR) ☐ Medina (MCBOR) ☐ Stark/Trumbull (STAR) ☐ Youngstown/Columbiana (YCAR)

NOTE: ACAR offers in-house arbitration services and can be contacted at 216-901-0130.

ECAR, LGAAR, LOCAR, MCBOR, STAR, and YCAR utilize arbitration services provided by Ohio REALTORS®. For arbitration needs, please contact the Ohio REALTORS® Professional Standards Administration Program at 614-228-6675 or visit ohiorealtors.org.

Firm Name: _____

Firm Phone: _____ Firm Fax Number: _____

Firm Street Address: (No PO BOX) _____

City: _____ State: _____ Zip: _____

County: _____ Firm e-mail address (required): _____

AUTHORIZATION

By the act of submission of any property listing content to the MLS, the Participant represents that he/she has been authorized to grant and does grant authority to the MLS for the Service to include the property listing content in its copyrighted compilation and any statistical report on "Comparable." Listing content includes, but is not limited to, photographs, images, graphics, audio, and video recordings, virtual tours, drawings, descriptions, remarks, narratives, pricing information, and other details or information related to the listed property. **Initial:** _____

COPYRIGHT

All rights, title, and interest in each copy of every Service compilation created and copyrighted by the Service, and in the copyrights therein, shall at all times remain vested in the Service. **Initial:** _____

Broker's Name: _____
Print Name

Broker's Signature: _____ Date: _____

Office Manager: _____
Print Name

SPONSOR BOARD/ASSOCIATION USE

Approved by: _____ Date: _____

Sales Associates Information

IF MORE SPACE IS NEEDED, PLEASE MAKE COPIES OF THIS PAGE

List all licensed brokers and sales associates that will be receiving MLS Now below.

(This first entry is for the primary broker's information)

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Association/Board: _____

Do you authorize this agent or support to have listing input capabilities: ☐ YES ☐ NO

If yes... ☐ Entire Office? ☐ Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Association/Board: _____

Do you authorize this agent or support to have listing input capabilities: ☐ YES ☐ NO

If yes... ☐ Entire Office? ☐ Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Association/Board: _____

Do you authorize this agent or support to have listing input capabilities: ☐ YES ☐ NO

If yes... ☐ Entire Office? ☐ Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Association/Board: _____

Do you authorize this agent or support to have listing input capabilities: ☐ YES ☐ NO

If yes... ☐ Entire Office? ☐ Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Association/Board: _____

Do you authorize this agent or support to have listing input capabilities: ☐ YES ☐ NO

If yes... ☐ Entire Office? ☐ Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Association/Board: _____

Do you authorize this agent or support to have listing input capabilities: ☐ YES ☐ NO

If yes... ☐ Entire Office? ☐ Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

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If yes... ☐ Entire Office? ☐ Only their own listings?
