



**COLUMBIA COUNTY & NORTHERN DUTCHESS
 MULTIPLE LISTING SERVICE, INC.**
 337 Fairview Avenue, Hudson, NY 12534
 518-828-7871 FAX: 518-828-6899

Application - Multiple Listing Service 6/06

The undersigned, a member of a Board of Realtors hereby agrees to abide by the bylaws, rules and regulations and Realtor Code of Ethics (including such rules and regulations and by-laws governing the Multiple Listing Service) of the Columbia-Greene Board of Realtors, Inc.

Applicant further agrees to make known any violation of the said bylaws, rules and regulations and the Code of Ethics and to submit any disputes with a fellow member to the Grievance Committee.

Applicant further agrees to abide by the decisions of said Grievance Committee, both on disputed matters and also regarding the schedule of fines and penalties that may be levied for violations of said rules and regulations, by-laws and Code of Ethics of this organization.

The undersigned further represents that applicant has been provided with an opportunity to completely familiarize her/himself with the by-laws, rules and regulations and Code of Ethics (including such rules and regulations and by-laws governing the Multiple Listing Service) of the Columbia-Greene Board of Realtors, and that applicant is also familiar with the obligations and duties thereby imposed upon her/him.

Any new MLS applicant joining after September 1,2006 must take a mandatory MLS Orientation class. Failure to take this class will result in suspension of membership until such time as the class has been taken. Applicant must pay a reinstatement fee if membership has been suspended due to MLS Orientation class requirement not being fulfilled.

A copy of your real estate license must be attached. Principal broker's signature is required on reverse.

 Applicant Please Print Name In Full and Date

 Applicant's Signature/Date

Name of Office Where
 Affiliated: _____

(continued)

Office

Address: _____

Office Tele #: _____ Office Fax #: _____

_____/_____

Principal Broker's Signature/Date

Make Checks Payable to CC ND MLS

Set Up Fee: _____ Quarterly Dues: _____

Book Fees: _____ Total Due _____

MasterCard or VISA only!

Credit Card #: _____

Expiration Date: _____

Authorized

Signature: _____

Do you wish to receive MLS Emails? Yes _____ No _____ (Checking no will not allow you to receive important messages from the MLS that you may be ultimately responsible for responding in a timely fashion.)

Email

Address: _____

I hereby give consent to receive faxes from the Board/MLS (if applicable) at the following fax numbers: _____ (Note: faxes can only be sent to these numbers. if the numbers change I agree to provide the Board/MLS office with the new information).

Signature: _____ Date: _____