



361 2nd Street NW
Hickory, NC 28613

Phone: 828.322.8249
Fax: 828.327.6353

NEW OFFICE MEMBERSHIP INFORMATION

To join the MLSCV requires the following steps:

- MLS Application should be completed and submitted with the MLS Participant's signature. Return the application including **the \$1,000 application fee. Your MLS activation will be on the last Wednesday of the last full week of the month (excepting holiday schedules).**
- **A Letter of Good Standing, for the Broker-In-Charge, from their Primary Association confirming their dues are current, must be included.**
- **The MLS Participant (Broker in Charge) is required to attend our next scheduled Orientation.**

Once all these steps are taken, all licensees in the firm must join the MLSCV at \$35 per month, per person.

Note: Listings that are co-listed with other licensees who are not members or subscribers of the MLSCV must not be entered into the MLSCV.

If you have any further questions, please give us a call.

Terri Smith
MLS Membership Director



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APPLICATION TO PARTICIPATE

I, THE UNDERSIGNED HEREBY REQUEST MEMBERSHIP IN THE MULTIPLE LISTING SERVICE OF CATAWBA VALLEY, INC.

Participant Name: _____ NC License #: _____

Office Name: _____

Office Address: _____
City State Zip

Office Phone: _____

I UNDERSTAND ATTENDANCE OF THE NEXT SCHEDULED MLS ORIENTATION CLASS IS MANDATORY. SHOULD THE MLS PARTICIPANT NOT ATTEND THE FIRST SCHEDULED ORIENTATION, MLS SERVICES MAY BE INACTIVATED UNTIL SUCH TIME AS ORIENTATION IS COMPLETED. IF THE INDIVIDUAL DOES NOT SATISFY ALL OF THE REQUIREMENTS OF MEMBERSHIP WITHIN 180 DAYS FROM THE RECEIPT OF THE APPLICATION, MEMBERSHIP SHALL BE TERMINATED. IF A MEMBERSHIP IS TERMINATED, REINSTATEMENT REQUIREMENTS WILL BE REVIEWED.

I AGREE TO ADHERE TO THE MLS BY-LAWS, RULES AND REGULATIONS, POLICIES, PROCEDURES AND GUIDELINES, MAKE PROMPT PAYMENT OF ALL CHARGES AND FEES WHICH ARE NOW PROVIDED FOR, OR AS MAY BE PROVIDED FOR HEREAFTER, AND I WILL MAKE PAYMENT OF THE MONTHLY BILLING BY THE 20TH OF THE MONTH. MY CHECK MADE PAYABLE TO MLSCV IN THE AMOUNT OF \$1,000 IS ATTACHED TO THIS APPLICATION.

UPON TERMINATION OF MEMBERSHIP FOR ANY CAUSE, I WILL IMMEDIATELY DISCONTINUE THE USE OF THE DESIGNATED MLS SERVICE MARK OF THE NATIONAL ASSOCIATION OF REALTORS®.

Participant Signature _____

Date _____

REQUESTED START DATE: _____

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DATE RECEIVED _____

OFFICE NUMBER _____

PAYMENT RECEIVED _____

MLS ORIENTATION DATE _____



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OFFICE INFORMATION

Office Name: _____

Physical Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Mailing Address: _____
Address *Apartment/Unit #*

City *State* *ZIP Code*

NRDS # (if applicable): _____ License # _____

Office Phone: _____ Office Fax: _____

Other Phone: _____

Email: _____

Website: _____

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Date Activated: _____

MLS Office #: _____



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NEW SUBSCRIBER INFORMATION

Full Name: _____
Last First M.I.

Nickname: _____ Check One: Mr. Mrs. Ms.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Office Name: _____

Agent License # (if applicable): _____

Position: REALTOR® Appraiser Appraiser Trainee Assistant Office Staff/Owner Team

Cell Phone: _____ Alternate Phone: _____

Email: _____

Website: _____

Birth Date: _____ Gender: Female Male

Designations: _____

Languages Spoken (other than English): _____

Are you a member of another Association/Board of REALTORS®? Yes No

If so, name of Association/Board: _____

Have you previously been a member of the MLS of Catawba Valley? Yes No

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Date Activated: _____ MLS #: _____ Paragon Security Level: _____

Member Type: ADM DR R Login Info Sent: _____



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MLS SERVICE REQUEST

MLS service begins on Add/Delete date, which occurs one (1) time per month on the Wednesday prior to the final Friday of each month (excepting holiday schedules), unless otherwise requested (see next paragraph).*

**If MLS service is requested prior to Add/Delete date, a \$35.00 MLS Service fee must accompany the returned application. Please make check payable to MLSCV.*

Agent/Licensee Name: _____
Last First M.I.

Office Name: _____

As a Participant in MLS, I request service for the above names Agent/Licensee and agree to pay the monthly service fee for which I am responsible.

Allow the subscriber to input and maintain listings in the MLS System? Yes No

To be read by the participant and licensee/agent and attested to by signature at the bottom of this agreement.

I have read and understand the Bylaws and Rules and Regulations of the Multiple Listing Service of Catawba Valley, Inc. and I shall fully adhere to and comply with all of the terms, conditions and sanctions as there in stated and any changes made from time to time. I understand that if I do not comply with the bylaws and rules and regulations of MLS, that the board of directors may have the right to conduct a hearing of my alleged violation and impose sanctions. If I violate: the confidentiality of MLS information, or, the ownership of MLS compilations and copyrights, or the use of copyrighted MLS compilations as set forth in section 10, 11 and 12 of the rules and regulations, then I will be subject to the following sanctions.

1. For the first violation by the participant and/or the participant's agent or licensee, a fine of \$250.00, or such remedial/educational programs as the board of directors deem appropriate, or both.
2. For the second violation occurring within two (2) years from the date of the first violation by the participant and/or the participant's same agent or same licensee, a fine of \$500.00, or, such remedial/educational programs as the board of directors deem appropriate, or both.
3. For the third violation occurring within two (2) years from the date of the first violation by the participant and/or the participant's same agent or same licensee, a fine of \$1,000.00, or, suspension from the Multiple Listing Service for a period of time not to exceed six (6) months, or both.

NOTE: the sanctions to be imposed as set forth above in 2 and 3 are to be imposed only when there is a violation for the second or third time within two (2) years from the date of the first offense by the same participant and/or the participant is in violation on three (3) separate occasions within two (2) years, then the participant of agent A will be subject to the sanctions as imposed in 3 above. However, if agent A, agent B, agent C and agent D of the same participant are in violation on different occasions and all violations occur within two (2) years from the date of the first violation, then the maximum sanctions will be those set forth in 1.

In the event I violate any other rule or regulation other than as stated in the foregoing paragraph, then the board of directors shall have the right to impose sanction that it deems reasonable and appropriate.

In the event that I am found in violation of a rule or regulation, then I have certain rights to appeal the imposition of sanctions in accordance with the rules and regulations and the bylaws of MLS.

By signing this agreement, I fully understand the above and shall at all times comply with the terms, conditions and sanctions as herein referred to.

Agent Name (please print) _____

Participant Name (please print) _____

Agent/Licensee Signature _____

Participant Signature _____

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DATE RECEIVED _____ SERVICE EFFECTIVE _____ VERIFICATION SIGNATURE _____



361 Second Street NW
 Hickory, NC 28601
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MLS CERTIFICATION FORM

AS PROVIDED IN THE ASSOCIATION BY-LAWS AND THE MLS RULES AND REGULATIONS, I AM CERTIFYING ALL LICENSED INDIVIDUALS AFFILIATED WITH THIS FIRM BY LISTING THEIR NAMES BELOW. THE CERTIFICATION FORM IS DUE AT THE MLS OFFICE NO LATER THAN JANUARY 31st. FAILURE TO RETURN THIS FORM WILL RESULT IN A \$50.00 FINE. I UNDERSTAND THAT MLS REQUIRES ALL LICENSED INDIVIDUALS IN MY FIRM, WHO HAVE ACCESS TO AND UTILIZE THE SERVICE TO SUBSCRIBE TO THE MLS, THEREFORE, I AGREE TO PAY SUBSCRIPTION FEES ON A MONTHLY BASIS FOR EACH INDIVIDUAL.

I FURTHER UNDERSTAND THAT IF A LICENSED INDIVIDUAL AFFILIATED WITH THIS FIRM DOES NOT UTILIZE THE SERVICE, THAT I MAY APPLY FOR A WAIVER BY SUBMITTING AN AFFIDAVIT OF INDIVIDUAL FORM TO THE MLS BOARD OF DIRECTORS. IF APPROVED, THAT INDIVIDUAL WOULD BE EXEMPT FROM SUBSCRIBING TO THE MLS SERVICE.

 NAME OF FIRM ()
 PHONE NUMBER

 ADDRESS

 SIGNATURE OF PARTICIPANT LICENSE # DATE

CERTIFICATION LIST OF INDIVIDUALS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If there is not enough space available, please attach an additional list of individuals)

FOR OFFICE USE ONLY			
DATE FORM SENT _____	STAFF VERIFICATION _____		
DATE RETURNED _____	EXECUTIVE OFFICER _____		
DATE VERIFIED _____	PRESIDENT _____		