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Office Administrator Application for MLS Access

Office Administrators shall be individuals who do not hold a Real Estate License granted by the State of Michigan. Such individuals may hold a limited membership in the Association without voting rights or other obligations of full membership, but shall be eligible to access ECAR MLS data and adhere to all rules and regulations as determined by the Board of Director's. At no time shall an Office Administrator enter a listing in his/her name. All such Office Administrator's of any office, firm company, partnership or corporation must be affiliated with an MLS participant with ECAR MLS to be eligible for access.

Office Administrators shall not use the terms REALTOR® or REALTORS®, nor the imprint of the emblem seal of the NATIONAL ASSOCIATION OF REALTORS®.

Name: _____ Last 4 digits of SS#: _____
 Office Name: _____ Branch: _____
 Email: _____ Website: _____
 Residential Address: _____
 Personal Phone: _____ City: _____ State: _____ Zip: _____

Preferred Mailing: Home Office

Name of Employing Broker: _____
 Broker License ID# _____

Have you ever held a Real Estate License? Yes No
 If Yes, License Number: _____
 Is this Real Estate License Currently Active? Yes No

Have you previously held membership in any other Association of REALTORS®? Yes No
 If Yes, Name of Association: _____

I agree that my act of completing this application shall be evidence of my initial and continuing commitment to abide by the Constitutions, Bylaws, Rules and Regulations. Finally, I consent that and authorize the Association, to invite and receive information and comment about me from any Member or other person. I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not from the basis of any action by me for slander, libel, or defamation of character.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Both MUST sign: _____
 (Date) (Signature of Office Administrator)

 (Date) (Signature of Employing Broker)