



Lenawee County Association of Realtors®

## Lenawee County Association of REALTORS® Application for Office MLS Membership

I hereby apply for active REALTOR® Participant Membership in the Multiple Listing Service of the Lenawee County Association of REALTOR® (LCAR). By applying for and being accepted as a Participant individually and on behalf of the office:

1. I agree to abide by all LCAR Bylaws, Rules Regulations Policies and Procedures.
2. I agree to promptly pay all MLS dues, fees, penalties and charges assessed.
3. I agree to be bound by the Code of Ethics in the same matter as REALTOR® member including the obligation to submit ethics and arbitration disputes with other Participants.
4. I understand that any violation of the Code of Ethics, the manual or procedures may result in termination of MLS privileges, assessments of fines, fees or permitted discipline.
5. I irrevocably waive all claims against the officers, or its members, for any act in connection with business with the MLS and particular to its or their acts in electing or failure to elect, advancing, suspending, expelling or otherwise disciplining me as an applicant or as a member.

I hereby submit the following information for your consideration along with a copy of my broker's license and the application fee:  New Office \$250

Name as shown on license: \_\_\_\_\_

Office address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Michigan broker license number: \_\_\_\_\_

Name of firm: \_\_\_\_\_


Check one:  Individual  Partnership  Corporation

SS# (if Individual): \_\_\_\_\_ Federal Tax I.D. # (if Corporation): \_\_\_\_\_


Branch office (if any): \_\_\_\_\_

My title with the firm: \_\_\_\_\_

Partners, Associates, Officers (if Corporation): \_\_\_\_\_

 517.263.0325

 [mls@lcarlive.com](mailto:mls@lcarlive.com)  
[LCARlive.com](http://LCARlive.com)

 4125 Occidental Hwy., P.O. Box 425  
Adrian, MI 49221



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**IDX Participation:**

By Signing below, I acknowledge I have reviewed and understand the Internet Data Exchange (“IDX”) Policy and elect to \_\_\_\_\_ Participate \_\_\_\_\_ Not Participate in the IDX. (Insert an “X” to indicate choice).

I hereby certify that the following licensees are presently with my firm:

Name:

Primary Association:

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


Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The above application is endorsed for membership by the following active MLS Committee Members:  
(3 signatures are required and will be obtained by the LCAR Association Office Staff).


\_\_\_\_\_  
MLS Committee Chair

\_\_\_\_\_  
MLS Committee Member

\_\_\_\_\_  
MLS Committee Member

 517.263.0325

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