



325 S. Marion Avenue
 Sandpoint, Idaho 83864
 Phone (208) 265-2227
 Fax (208) 263-2153

NEW OFFICE/BROKER/PARTICIPANT APPLICATION FOR MEMBERSHIP

Business Licensed Name _____
 Broker's Name _____
 Broker's NRDS # (if applicable) _____
 Office Manager (if any) _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Physical Address (if different) _____
 City _____ State _____ Zip _____
 Office Phone # _____ Office Fax # _____
 Web site address _____ E-mail _____

List of Licensed Agents and their e-mail addresses:

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

I understand the monthly MLS subscription fee must be paid for any agent from this office who is a secondary member of the Selkirk MLS and I will sign a waiver for those who are not.

_____ Initial

I understand that I must belong to a REALTOR® association somewhere in order to participate in this MLS and I will either provide proof of such membership or make arrangements to join as a condition of my participation.

_____ Initial

The above information is true and correct to the best of my knowledge. I understand that I must read and comprehend the Rules and Regulations of the Selkirk REALTORS® & Multiple Listing Service as they may change from time to time and I agree to abide by same.

_____ Initial

I understand that by providing above my mailing address(es), e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from Selkirk Association of REALTORS® via U.S. mail, e-mail, telephone, text, or facsimile at those number(s)/locations(s).

Broker Signature _____ Date _____

