

APPLICATION FOR MULTIPLE LISTING SERVICE



Greater Las Vegas Association of REALTORS®

1750 E. Sahara Ave, Las Vegas, NV 89104 702-784-5000

www.LasVegasRealtor.com

Please provide copy of receipt from Real Estate Division or copy of large hanging license

Mr. Mrs. Ms. License # (Please type or print clearly)

Soc. Sec. # Mail Preference: Home or Office

Please check one: Broker Broker-Salesman Salesman

Residence Address: City

State Zip Code Home Phone

Other Phones: Cellular Pager Other

E-Mail Web Page www.

Firm Name:

Firm Address: City

State: Zip Code Phone: Fax

I agree to comply with the MLS Rules and Regulations, Policies, Standards of Conduct and all applicable local, state and federal laws and regulations governing duties and responsibilities of real estate licensees.

I hereby certify that the named Non-member Subscriber is affiliated with my office. I further certify that the information contained herein is accurate and factual to the best of my knowledge. I am aware that I am personally liable for the fees and actions of my agent(s) related to the access to MLS services.

ACCEPTED AND AGREED:

ACCEPTED AND AGREED:

SUBSCRIBER Date signed 20

BROKER Date signed 20

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FOR OFFICE USE ONLY

Agent # License #

Date Joined Firm Firm #

Broker Code Staff :