



THE SOUTHEAST ARIZONA MULTIPLE LISTING SERVICE, INC

Administrative Membership Form

I hereby apply for Multiple Listing Service (MLS) Administrative Membership in the Southeast Arizona Multiple Listing Service (MLS). In the event I am admitted to Membership, I agree to abide by the MLS Rules and Regulations and other policies of the MLS. I understand that my access to the MLS is contingent upon my abiding by these rules, regulations and policies, and my continued employment with a MLS Participant.

Name of Applicant: _____

Applicant's Email: _____

ID (for computer access): samls. Password: _____
(Up to 8 characters) (Up to 8 characters)

Name of Office: _____

I am applying for Administrative Membership because I am (check one):

An unlicensed Personal Assistant Employed by: _____
(Name of MLS Participant Employer)

An office administrator or secretary employed by: _____
(Name of MLS Participant Broker)

Level of MLS Access Requested (check one):

- | | |
|--|--|
| <input type="checkbox"/> Basic Level Access | No listing input – searches/reports only |
| <input type="checkbox"/> Basic Level Access SU | Ability to “super use” as agent _____ |
| <input type="checkbox"/> Office Level Access | Broker reports and listing input for entire office |
| <input type="checkbox"/> Office Level Access | Same as above but includes all branch offices |

The MLS permits access to the MLS system for Administrative Members upon completion of this application. An Administrative Member can be an unlicensed personal assistant, or secretary or office administrator for your company.

Each Office Administrative / Secretary Member will use his or her own user-name and password for the MLS System. **There is a one-time \$10.00 processing fee that must be paid at the time of the application.** There is no monthly fee for an Administrative Member.

Access to the MLS system is granted by the MLS on behalf of the below Participant Employer and/or Participant Broker and can be terminated by either written instruction from the MLS Participant or the MLS if it becomes known the Administrative Member has violated the MLS Rules and Regulations or is no longer employed by the MLS Participant.

It is the MLS Participant's responsibility to notify the MLS as soon as practical of the termination of the Administrative Member's access to the MLS.

Signature of Applicant

Date

Signature of MLS Participant Employer

Date

Signature of MLS Participant Broker

Date



Southeast Arizona Multiple Listing Service, Inc.

MLS Waiver Application Form

The individual named below (“Applicant”) shall be exempt from payment of the Southeast Arizona Multiple Listing Service, Inc. (SAMLs) MLS User Fee so long as such Applicant currently satisfies and continues to satisfy **ALL** of the following requirements:

1. Applicant is NOT the listing agent for any active listing included in the SAMLs MLS computer system (the “System”).
2. Applicant does NOT possess, control or use a lockbox key to enter, view or show any property that is listed on the System.
3. Applicant does NOT directly or indirectly access or use in any manner whatsoever the listing information stored in the System. Such access and use includes, but is not limited to, direct access to or use of the System and the use of any other devices, such as any device that permits access to and use of any listing information from the System.
4. Applicant does NOT directly or indirectly use in any manner whatsoever information from the System to list properties for sale or lease, to identify or locate properties for any potential buyers or lessees and does not participate in holding open any properties listed in the System.

CERTIFICATION BY APPLICANT

I, _____, certify that I am affiliated with _____,
(Print name of applicant or if more than one (1) attach sheet) (MLS Subscriber Name/Broker Name) and that I understand and meet the requirements listed above. I hereby request a waiver of the MLS User Fee; and I agree to notify SAMLs in writing immediately if I am no longer eligible for a waiver of the MLS User Fee. I agree to notify SAMLs in writing immediately at any time that I no longer meet ALL of the above requirements.

If I no longer meet ALL of the above requirements and I fail to notify SAMLs of that fact, I understand that this waiver shall be revoked automatically and I agree to promptly pay all MLS User Fees from the date that I became ineligible, plus a \$500.00 non-compliance fee.

(Applicant’s Signature)

(Applicant’s Telephone Number)



Southeast Arizona Multiple Listing Service, Inc.

MLS Waiver Application Form

CERTIFICATION BY APPLICANT’S MLS SUBSCRIBER/BROKER

I certify that the Applicant named herein is affiliated with me and meets ALL of the above requirements and therefore is eligible for a waiver of the MLS User Fee. Further, I agree to notify SAMLs immediately if Applicant remains affiliated with me but becomes ineligible for a waiver of the fee.

I understand that any violation of the conditions of this waiver will result in automatic revocation of this waiver and I agree to pay any and all retroactive MLS User Fees plus the \$500.00 non-compliance fee, to the extent that such fees are not paid by Applicant, within 30 days after the Applicant becomes ineligible for a waiver of the MLS User Fee.

(Signature of MLS Subscriber/Broker)

(Printed Name)

(Telephone Number)

Date: _____ Company Name: _____

Address: _____ City, State, Zip _____

The waiver becomes effective immediately upon receipt and processing by SAMLs of a properly completed Application Form provided the Applicant satisfies all requirements listed above. Approved waivers shall remain in effect until rescinded or revoked. Applicant will be notified by SAMLs if this Application is not approved.

Mail Application(s) to: SAMLs – 125 S. 2ND Street – Sierra Vista, AZ 85635 or fax to: 520-458-7620

This Waiver is valid only for the Subscriber and Applicant listed above. If the Applicant transfers to a different office, this waiver becomes void and he or she is required to reapply for the Waiver under the new Subscriber.

Association Use Only

Approved / Denied _____ Date: _____

Association Signature: _____