



Office Address: 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776; Office Phone #: 626-288-6212

BROKER APPLICATION FOR ACCESS TO THE MULTIPLE LISTING SERVICE

PLEASE PRINT AND COMPLETE THIS FORM AND RETURN IT TO OUR OFFICE:

- Email it to info@wsgvar.com, or
- Mail it to WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776, or
- Fax it to 626-288-7658.

I have read the CRMLS Rules and Regulations (<http://go.crmls.org/crmls-rules-and-regulations/>) and I agree to abide by them as they now exist or as they may be adopted or amended from time to time by the Association.

Name (as shown on CalBRE License): _____ Male Female

CalBRE License #: _____ Expiration Date: _____

Office Name: _____ Office Phone #: _____

Office Address: _____ CA
 Street and Suite # _____ City _____ State Zip Code _____

E-Mail: _____ Cell #: _____ Office Fax #: _____

Home Address: _____ CA
 Street and Suite # _____ City _____ State Zip Code _____

Please list below all licensees at above address as follows:

NAME	CalBRE LIC #	HOME ADDRESS & PHONE #

Broker Signature: _____ Date: _____

Print Broker Name: _____

Your MLS fee will be paid according to Option 1 or Option 2 below (Please check one):

Option 1 – Quarterly MLS Fees		Option 2 – Yearly MLS Fees	
One-time Broker Setup Fee	\$150.00	One-time Broker Setup Fee	\$150.00
One-time Member Orientation Deposit *	\$100.00	One-time Member Orientation Deposit *	\$100.00
One-time Security Password Fee	\$40.00	One-time Security Password Fee	\$40.00
MLS/CRMLS Quarterly Fee	\$	MLS/CRMLS Yearly Fee	\$
Total Quarterly MLS Fees:	\$	Grant Total:	\$

Please note that all billing is done ELECTRONICALLY. Ensure the email included in the application is legible and your recent account.

* As a new MLS participant, you will need to complete the Orientation Class within 90 days of submitting your application. The class is offered at the Association Office once a month. Once this is completed \$75.00 of the Orientation Deposit will be refunded.)

** The Quarterly/Yearly MLS fee may be prorated depending on the start date. Please contact the Association Office to find out the exact fee.

FOR OFFICE USE ONLY

Date Received: ___/___/___ Fee Received: \$_____ Copy of CalBRE License: _____ Office #: _____
 Member #: _____ Password: _____ Rapattoni: _____ CRMLS: _____ Clarity: _____ Supra: _____