



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

## SALESPERSON 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](mailto: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.

### PERSONAL INFORMATION

Name (as shown on CalBRE License): \_\_\_\_\_  Male  Female

CalBRE License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ CA

Street and Suite # \_\_\_\_\_ City \_\_\_\_\_ State Zip Code

E-Mail: \_\_\_\_\_ Home/Cell Phone #: \_\_\_\_\_

### OFFICE INFORMATION

Broker Name: \_\_\_\_\_ Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ CA

Street and Suite # \_\_\_\_\_ City \_\_\_\_\_ State Zip Code

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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 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	\$
<b>Total Quarterly MLS Fees:</b>	<b>\$</b>	<b>Grant Total:</b>	<b>\$</b>

**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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_/\_\_\_/\_\_\_ Fee Received: \$ \_\_\_\_\_ Copy of CalBRE License: \_\_\_\_\_ Office #: \_\_\_\_\_

Member #: \_\_\_\_\_ Password: \_\_\_\_\_ Rapattoni: \_\_\_\_\_ CRMLS: \_\_\_\_\_ Clarity: \_\_\_\_\_ Supra: \_\_\_\_\_

3/9/18