



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, 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	\$
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.

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: _____