



7347 57<sup>TH</sup> AVE, KENOSHA, WI 53142  
PHONE: (262) 942-0592

**NEW MLS OFFICE APPLICATION FOR SOUTHSHORE MLS, INC.**

Managing Broker Name (as it appears on your License): \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Broker Lic #: \_\_\_\_\_ Fed Id #: \_\_\_\_\_ Corporate Lic #: \_\_\_\_\_

Primary Board of REALTORS® Membership is with: \_\_\_\_\_

*I hereby apply for membership in the Southshore MLS, Inc.  
I actively endeavor to list or sell property of the type in the MLS on a continual basis.  
I agree to abide by and conform to the Bylaws and Rules and Regulations and other applicable rules of the Southshore MLS, Inc., and the Bylaws of the Southshore REALTORS® Association, Inc., as from time to time adopted and amended and to pay the costs incidental thereto. I understand my application is pending until approved by the MLS Board of Directors and that I am required to attend an orientation program for my participation in the MLS, after MLS access has been provided.*

*Discontinuance of Membership in the Southshore REALTORS® Association, Inc. for any cause shall automatically cancel membership in the Multiple Listing Service.*

*My payment of \$225.00 for participating membership in the Multiple Listing Service is attached. I understand the fee is nonrefundable. The monthly MLS service fee must be paid by the 25<sup>th</sup> of each month. Unpaid bills will cause suspension of my Multiple Listing Service.*

The following agents are licensed under my firm:

\_\_\_\_\_  
\_\_\_\_\_

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

MLS OFFICE #: \_\_\_\_\_ MLS DIRECTORS APPROVAL DATE: \_\_\_\_\_

**SOUTHSHORE MLS, INC.**  
**7347 57<sup>TH</sup> Avenue**  
**Kenosha, WI 53142**  
**Phone: (262) 942-0592**

**MLS PARTICIPATION AGREEMENT**

(FOR MLS ACCESS BY REALTOR (PRINCIPALS) OR FIRM COMPRISED OF REALTOR  
(PRINCIPALS) WHO ARE NOT MEMBERS OF THE BOARD/ASSOCIATION.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL #: \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

PRIMARY BOARD OF ASSOCIATION: \_\_\_\_\_

I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and regulations and other obligations of participation including **PAYMENT OF FEES**. I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the board/association. I understand that a violation of the Code of Ethics may result in termination of any MLS privileges, and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If the board intends to discipline MLS USERS AND /OR SUBSCRIBERS directly, each user and /or subscriber must sign this form in the space provided. Please refer to the section of the HANDBOOK ON MULTIPLE LISTINGS POLICY (RESIDENTIAL) entitled *APPLICABILITY OF RULES TO USERS AND/OR SUBSCRIBERS* for additional information on establishing authority to impose discipline on non-principal “users” or “subscribers” affiliated with MLS “members” or “participants”.

# SOUTHSHORE MLS, INC.

## NEW MEMBER COMPLETION SHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ DATE LICENSE GRANTED: \_\_\_\_\_ PREVIOUS MLS USER: YES or NO

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_ BROKER: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### SRA OFFICE USE ONLY

MLS OFFICE FEE PAID: \$ \_\_\_\_\_

RECEIPT: \_\_\_\_\_ DATE: \_\_\_\_\_ CC/CHECK # \_\_\_\_\_

MEMBERSHIP TYPE: \_\_\_\_\_ OFFICE CODE: \_\_\_\_\_ AGENT CODE: \_\_\_\_\_

CONSTANT CONTACT: \_\_\_\_\_ EXCEL MEETING ATTENDANCE: \_\_\_\_\_ MLS QB: \_\_\_\_\_ SRA QB \_\_\_\_\_ IMIS \_\_\_\_\_

MLS BILLING \_\_\_\_\_ ANITA EMAIL \_\_\_\_\_ JAN EMAIL \_\_\_\_\_ NANCY EMAIL \_\_\_\_\_ METRO \_\_\_\_\_

START MLS DATE \_\_\_\_\_

ORIENTATION 1<sup>ST</sup> NOTICE DATE \_\_\_\_\_ 2<sup>ND</sup> NOTICE DATE \_\_\_\_\_ COPY OF LICENSE \_\_\_\_\_

MEMBER COMMITTEE APPROVAL DATE \_\_\_\_\_ DIRECTOR APPROVAL DATE \_\_\_\_\_

ORIENTATION INDUCTION DATE \_\_\_\_\_ CODE OF ETHICS DATE \_\_\_\_\_

WRA ID # \_\_\_\_\_ NRDS # \_\_\_\_\_ LETTER OF GOOD STANDINGS \_\_\_\_\_

**SOUTHSHORE REALTORS® ASSOCIATION AND SOUTHSHORE MLS, INC. MARKETING  
CONSENT FORM**

**Name:** \_\_\_\_\_

**Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone #:** (      ) \_\_\_\_\_

**Fax #:** (      ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
\_\_\_\_\_

I understand that by providing above my mailing address, email address, telephone number(s), and fax number(s), I consent to receive communications sent from the Southshore REALTORS® Association, Inc. and the Southshore MLS, Inc. via U.S. mail, email, telephone or facsimile at those number(s)/location(s).

**Signature:** \_\_\_\_\_

**Please Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*\*REQUIRED DOCUMENTS TO BE SENT WITH THIS APPLICATION:**

COPY OF WISCONSIN REAL ESTATE LICENSE

LETTER OF GOOD STANDINGS FROM PRIMARY BOARD (if primary board is not Southshore REALTORS® Association)