



APPLICATION FOR MLS-ONLY SUBSCRIPTION
For Non-REALTOR® Real Estate Agents (Thompson)

Name		License #	
Office Name			
Personal Mailing Address			
City		State	Zip
Cell	Home		Personal Fax (if applicable)
Email		Website	
Preferred Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Office	<input type="checkbox"/> Home
Preferred Mailing	<input type="checkbox"/> Office	<input type="checkbox"/> Personal	
Optional Information			
Date of Birth		How long have you been engaged in the real estate business?	
How long with current real estate firm?		How long with previous real estate firm (if applicable)?	

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I, _____, hereby apply for subscription to Capital Area Technology and REALTOR® Services, Inc.'s (CATRS) Multiple Listing Service, as maintained by the Tallahassee Board of REALTORS® (TBR). I have included with my application appropriate payment to TBR. In the event of non-election, only my annual fees will be returned to me.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my MLS subscription, if granted. I further agree that, if accepted, I shall pay the fees as from time to time established. Finally, my initial and continued payment of fees will serve as confirmation of my active Florida real estate license and commitment to abide by CATRS MLS Rules and Regulations.

NOTE:** Payments to CATRS or the Tallahassee Board of REALTORS® are not deductible as charitable contributions. Such payments may be deductible as an ordinary and necessary business expense. **No refunds.

By signing below, I acknowledge that access to and use of the MLS is contingent on compliance with the rules and regulations. Further, I consent that the Tallahassee Board of REALTORS® and its subsidiaries, (e.g., CATRS, Foundation) may contact me at the specified address, telephone numbers (voice/text), fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature Date

BROKER SIGNATURE REQUIRED

Broker Name: _____

I understand that as the Qualifying Broker of the above signed sales associate I am responsible for their MLS-related financial obligation, and I agree to notify CATRS and TBR if they are terminated from my office.

Broker Signature: _____ Date: _____

2021 MLS Education Requirement

MLS and Your Liability (3 hours CE credit)

Required of all new MLS participants and subscribers, this course provides agents a comprehensive look at the Tallahassee Board of REALTORS® MLS Rules and Regulations to further mitigate risk of liability to the agent, office, and Association.

Registration fee: \$80 advance; \$90 day of class. For your convenience you can register online at www.TBRnet.org for class.

Class time 1 – 4 p.m., at the TBR office or virtually

**2021: February 1, March 25, May 17, July 26, September 13, November 10*

Distance Learning Option (No CE Credit): \$125, Retake \$10. Call TBR to register.

I have read the above requirements and understand I must complete this mandatory class within the next four months, and to do so will need to attend the class on one of the dates listed below or complete the distance learning exam with a passing grade of 75%.

MLS & Your Liability: _____

Name (Please Print)

Date

Signature

*(*Class dates as of 11/16/2020)*