



| FOR OFFICE USE ONLY |       |
|---------------------|-------|
| Member #            | _____ |
| Office #            | _____ |
| NRDS #              | _____ |
| Amount Paid \$      | _____ |
| Date Added          | _____ |
| Date Called         | _____ |

## RMLS Access Application

I hereby apply for membership in the Minneapolis Area Association of REALTORS®. I agree to abide to the Rules and Regulations of the Minneapolis Area Association of REALTORS® and the Duty to Arbitrate. I understand that these governing documents may amend from time to time. I further consent and authorize the association to transfer the information in my membership file to any other real estate association. I certify, that to the best of my knowledge the following information is true:

Name as shown on license \_\_\_\_\_

License # \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Broker \_\_\_\_\_ Salesperson \_\_\_\_\_ Office Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Primary REALTOR® Association \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Contact Number  Office  Home  Cell  Other (please specify) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_