



MINNEAPOLIS AREA Association
of REALTORS®

RMLS Access Application

FOR OFFICE USE ONLY

Member # _____

Office # _____

NRDS # _____

Amount Paid \$ _____

Date Added _____

Date Called _____

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 _____