

Multilist Services of Springfield REALTORS®, INC. 1310 E. Primrose St., Springfield MO 65804 Office (417) 883-1226 Fax (417) 520-0977 Email: support@gsbor.com

MULTILIST ACCESS APPLICATION

PERSONAL I	NFORMATION			
Name (As it appe	ears on license):			
Nickname:		Date of Birth:	Date of Birth:	
Home Address:				
City:		State:Zip Code	·	
Cell Phone:		Home Phone:	Home Phone:	
E-Mail Address:		Web Site:		
Individual Licens	e/Work Permit#:			
Classification:	REALTOR® (\$45)	Appraiser (\$45) Unlicensed A	Assistant (\$25)	
Will you primarily	be working with an agent of	or team within the office that holds your license?	Yes No	
If yes, p	provide the name of agent y	ou willbe assisting:		
Primary Board of	fREALTORS®:			
OFFICE INFO	<u>ORMATION</u>			
Office Name:Branch:				
Office NRDS#: _				
Office License #:				
Designated Brok	er Name:			
of participation includir hearings and the duty the Code of Ethics may	ng payment of fees. I further agree to arbitrate contractual disputes with	Service of Springfield REALTORS®, Inc., to abide by the Bylaws, Rul to be bound by the NATIONAL ASSOCIATION OF REALTORS® Conther REALTORS® in accordance with the established procedures of illeges and that I may be assessed an administrative processing fee of	ode of Ethics including the obligation to submit to ethics of the Board/Association. I understand that a violation of	
		r any of its officers, directors, staff, or members for any act in connect , suspending, expelling, or otherwise disciplining me as an applicant or		
		NOTE: Fees are Non-Refundable and Non-Transferrable		
Date:	Signature:			
Broker Signature):			