

- Attach copy of license to reflect d/b/a
- Attach copy of Broker's license.

## CENTRAL NEW YORK INFORMATION SERVICE, INC. BROKER MEMBERSHIP AGREEMENT

I hereby apply as a **MEMBER** in the above named Multiple Listing Service, enclosing my check in the amount of \$\_\_\_\_\_, which is to be returned in the event of non-acceptance. The term of membership shall be effective as of the date of acceptance of the Member by the Board of Directors and shall remain in effect unless and until termination as provided for herein. In the event of my acceptance, I agree to abide by the Bylaws of the Central New York Information Service, Inc., the code of Ethics of the National Association of REALTORS®, Inc. and the Multiple Listing Rules and Regulations of this Corporation or any other agreements or covenants the Member has with this Corporation.

I hereby submit the following information for your consideration:

Name as shown on license \_\_\_\_\_  
(Please print)

- Ms.
- Miss
- Mrs.
- Mr.

License No. \_\_\_\_\_  
(Attach copy of license)

Office Address \_\_\_\_\_  
(Street) (Suite or other)

\_\_\_\_\_  
(City) (State) (Zip Code) (Area Code) (Phone)

\_\_\_\_\_  
(Fax Number)

Residence Address \_\_\_\_\_  
(Street) (Apartment)

\_\_\_\_\_  
(City) (State) (Zip Code) (Area Code) (Phone)

Name of firm \_\_\_\_\_

Circle whether:       Individual       DBA       Partnership       Corporation

State position with firm:     Broker of Record      or       Designee that is licensed with the firm by the State of New York

If "other", explain. \_\_\_\_\_

Are you actively engaged in a recognized branch of the real estate profession including appraising for others for compensation, buying, selling, financing, counseling, exchange, renting, leasing or managing?     Yes     No

Do you hold yourself out to the general public as being actively engaged in the real estate business?     Yes     No

List the names of the Licensee(s) and/or licensed Appraisers within your firm.\*

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

You are authorized to refer to the following members of MLS who know me:

(Name)	(Address)	(Phone)
_____	_____	_____
_____	_____	_____

Personal and Credit References:

Bank: \_\_\_\_\_

Others: \_\_\_\_\_

I authorize you to obtain an up to date credit report on me, and I agree that, if accept as a Member in the MLS, I shall pay the fees from time to time established.

Dated: \_\_\_\_\_ 19\_\_\_\_ Signed: \_\_\_\_\_  
(Applicant's Usual Form of Signature)

\*Attach separate sheet(s) as required.

**PERSONAL DATA**

Name as you want it to appear on Roster \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Social Security Number \_\_\_\_\_

How many years have you been active as a Salesman? \_\_\_\_\_ Broker? \_\_\_\_\_ Other? \_\_\_\_\_

In what other business have you been engaged?

\_\_\_\_\_ From 19 \_\_\_\_\_ to 19 \_\_\_\_\_, at \_\_\_\_\_  
(City)

\_\_\_\_\_ From 19 \_\_\_\_\_ to 19 \_\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_ From 19 \_\_\_\_\_ to 19 \_\_\_\_\_, at \_\_\_\_\_

First licensed in this State \_\_\_\_\_ 19 \_\_\_\_\_, and continuously licensed since \_\_\_\_\_ 19 \_\_\_\_\_

Established in present location \_\_\_\_\_ 19 \_\_\_\_\_. Last previous location \_\_\_\_\_

Resident here since \_\_\_\_\_ 19 \_\_\_\_\_. Previous residence \_\_\_\_\_  
(City or County and State)

Are you a REALTOR® member in good standing of a local Board/Association of REALTORS®?  Yes  No

If "Yes", name the Board/Association, type of membership held and dates establishing the time period for which membership has been held.\* \_\_\_\_\_

Are you currently a member of another Multiple Listing Service within New York State?  Yes  No

If "Yes", name the MLS, the type of membership held and the date joined. \_\_\_\_\_

Have you ever been refused membership in any other Multiple Listing Service?  Yes  No

If "Yes", state basis for each refusal and detail the circumstances related thereto.\* \_\_\_\_\_

Is the Office Address, as stated your principal place of business?  Yes  No

If not, or if you have any branch offices, please indicate and give addresses:

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

If accepted as a Member, give name of Institution(s) in which you maintain your escrow or trustee account.

\_\_\_\_\_

Do you hold, or have you ever held a real estate license in any other state,  Yes  No. If so, specify. \_\_\_\_\_

\_\_\_\_\_

Has your real estate license, in this or any other state been suspended or revoked?  Yes  No  
If "Yes", specify the place(s) and date(s) of such action, and detail the circumstances relating thereto\* \_\_\_\_\_

\_\_\_\_\_

Are there now, or have there been within the past five years, any complaints against you or the firm with which you have been associated, with any state real estate regulatory agency or any other agency of government?  Yes  No

If "Yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.\* \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No.

If "Yes", give details: \_\_\_\_\_

\_\_\_\_\_

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 membership if granted.

I also agree to keep the Central New York Information Service, Inc. up to date with the licensees I am holding under my firm name and I understand that fees are non-refundable.

Signed \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
DATE APPLICATION WAS RECEIVED

\_\_\_\_\_  
DATE APPLICATION WAS ACCEPTED

\*attach separate sheet(s) as required