



78 11th Street • Apalachicola, Fl. 32320
(850) 653-3322 • Fax (850) 653-3710
Gloria@rafgc.com • www.rafgc.com

Please submit all of the following information. Applications will not be processed without it.

1. Completed application with Designated Broker / Certified Appraiser Signature.
2. Office information including license number, phone number, and fax numbers.
3. Copy of Real Estate License / Appraisal License
4. Copy of Office License (New offices only)
5. Check, Credit Card or Cash (applications will not be processed without payment)
6. If you are a member of another Association or Board of REALTORS®, you must submit a "Letter of Good Standing".
These can both be obtained by contacting the Association or Board of REALTORS® where you currently hold membership.

If you have any questions or would like to set up an appointment, please call our office at (850) 653-3322 or email gloria@rafgc.com.

REALTORS® Association of Franklin & Gulf Counties, Inc.

78 11th Street - Apalachicola, Florida 32320

Phone: (850) 653-3322

Web Site: www.rafgc.com

Fax: (850) 653-3710

Email: Gloria@rafgc.com

REALTOR® / MLS PARTICIPANT (Broker) AGREEMENT*

Please Print

Name: _____

License #: _____ Office License #: _____

Office Name: _____

Address: _____
Street

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-Mail _____ Cell Phone: _____

Preferred Phone: Cell Office

1.) Are you currently an active member of another Association or Board of REALTORS®? Yes No

2.) If "No" have you ever held membership in another Association or Board of REALTORS®? Yes No

If answer to number 1 is yes, please complete the following:

Name of other Association/Board: _____

Your NRDS#: _____ Office NRDS#: _____

I agree as a condition of participation in the MLS of the REALTORS® Association of Franklin and Gulf Counties to abide by all relevant bylaws, rules and regulations and other obligations of participation, including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as association members, as established in the Code of Ethics and Arbitration Manual, including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other Realtors in accordance with the established procedures of the association. I understand that a violation of the Code of Ethics may result in suspension or termination of MLS rights and privileges and that I may be assessed an administrative processing fee not to exceed \$500 which may be in addition to any discipline, including fines, that may be imposed. I further agree that failure to pay MLS participation fees in a timely manner will result in discontinuation of access until such fees, including a late charge, are paid.

I understand that there is a \$520.00 one time Office Application set up fee and that my application will not be processed without payment of this fee, plus the quarterly MLS Service Fee of \$170.00.

I request the following Password: _____
(6 to 8 characters)

Designated Broker: _____ Date: _____
(Signature)

*** Application will not be processed unless it is completed entirely.**

**** MLS Fees are prorated on a monthly basis according to the join date on the application.**