

Rockbridge Multiple Listing Service

205 South Main Street • P.O. Box 797

Lexington, VA 24450

Phone: 540-464-4700 Fax: 540-464-4600

MLS Limited Access Participant Application

Name: _____

Firm Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

As Designated REALTOR®/Appraiser for the firm, I hereby request participation in the Rockbridge MLS (RMLS) as a Limited Access Participant. The following is a list of all licensed affiliates with the firm, indicating their user status.

Name (attach separate sheet for additional names)	User	Non-user
_____ / _____ / _____		
_____ / _____ / _____		
_____ / _____ / _____		
_____ / _____ / _____		

Check one:

I am a member of the _____ Association of REALTORS. (A letter of good standing from your primary REALTOR Association must accompany this application if you are not a member of the Lexington-Buena Vista-Rockbridge Association of REALTORS.)

I am joining the Lexington-Buena Vista-Rockbridge Association of REALTORS as an Affiliate member. (Please submit Affiliate Application and appropriate fees.)

Fees:

- Initial Participation Fee \$400.00
- Software (optional) \$ 50.00
- Monthly user fee (for software users) \$ 20.00 per month, per user
- Book fee (optional for software users) \$ 40.00 (1 book per quarter) prorated quarterly
- Book only fee (no software) \$100.00 per year, prorated quarterly

Total due to Rockbridge MLS: _____

By signing below, I acknowledge that I have received and agree to abide by the Rules and Regulations of the Rockbridge MLS.

Signature/Title: _____

Date: _____

For Office Use Only

App rec'd _____ Ck # _____ Entered _____

12/2001