



To ADD a new agent in your office
Complete this form

1. Name (as it appears on Real Estate License):

First Last MLS Code # (Assigned by CLAW)

2. DRE License# Exp. Date:

3. Social Security Number (Last 4) (required)

4. Firm Name: Firm Code:

5. FirmAddress: (Street) (City) (State) (Zip)

6. Home Address: (Street) (City) (State) (Zip)

7. Home Phone: ( )

8. Would you like your home number to appear on your listings? Yes No

9. Cell Number: ( )

10. Would you like your Cell number to appear on your listings? Yes No

11. Home Fax Number: ( )

12. I would like my faxes sent to: Home Office

13. I would like my mail to be sent to: Home Office

14. E-mail Address (required): and/or Web Page

15. Are you a REALTOR member? No (You will have limited access) Yes Assoc./Board Name Member #

16. Are you a member of any other MLS(s)? No Yes MLS Name

17. What is your Specialty? Residential Commercial Both



- 18. No Refund. I understand that should this application be cancelled or withdrawn I will not be entitled to a refund.
- 19. I understand I am required to submit a copy of my Real Estate License as a condition of membership
- 20. I understand that participants who are not members of an Association of Realtors, are not entitled to use the term REALTOR™; non-member participants pay the same MLS fees and costs as are paid by participants(REALTOR™ members and non-REALTOR™ members) must abide by the Rules and Regulation of C.L.A.W. as adopted or amended from time-to-time; this includes the participation in a hearing due to violations of the Rules and Regulations and also the duty to arbitrate business disputes with other C.L.A.W. participants. Non-member participants are not entitled to vote; to serve as an officer or director; or on any committee; to receive discounts on any association services which are not part of C.L.A.W., or to participate in or have a voice in the administration of C.L.A.W., Inc.
- 21. I am enclosing with this application my required semi-annual fees, and agree to pay such fees as they may change from time-to-time so long as I am a member of C.L.A.W.

Fees are to be paid on a semi-annual basis. If not paid by the due date each licensee is subject to late fees as well as reinstatement fee. Failure to pay dues will result in the TERMINATION of membership.

- 22. I acknowledge receipt of a copy of the Rules and Regulations of the C.L.A.W. MLS, and agree to abide by such Rules and Regulations as they exist and as they may from time-to-time be amended.
- 23. Per Sections 4.1.1 (f), 4.1.2 (e) of CLAW/MLS, Inc. Rules & Regulations, I acknowledge that I will receive my User ID and Password after completing the mandatory Basic MLS System/New Member Orientation Session.
- 24. I understand that by providing above mailing address(es), e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from CLAW via U.S. mail, e-mail, telephone, or facsimile at those number(s)/location(s).

You must include \$210.00 Semi-Annual fee (prorated by remaining months in term)

Amount enclosed \$ \_\_\_\_\_

**X** \_\_\_\_\_  
Agent's Signature Date

**I hereby certify that the above agent/broker is affiliated with me.**

**X** \_\_\_\_\_  
Signature of Broker Participant Date

-----For Credit Card Payments Only-----

M.C./Visa /Amex. Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Total \_\_\_\_\_

Card Verification Number (located on the back or front of credit card) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(PRINT) (REQUIRED)