



## CRMLS APPLICATION – REALTORS® / BROKERS

### APPLICANT INFORMATION

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Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I am a:      Broker                      Agent

I'd like CRMLS **in addition** to i-Tech

I'd like CRMLS **only**

**Agents:**  
Your Broker must be an active member of CRMLS.

### BROKER/AGENT INFORMATION

Broker/Agent Name \_\_\_\_\_

Email \_\_\_\_\_ MLS ID \_\_\_\_\_

### OFFICE INFORMATION

Office Name \_\_\_\_\_ Office # \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

### GENERAL TERMS AND CONDITIONS

I agree to abide by the bylaws, policies and rules of the Association, the bylaws, policies and rules of the California Association of REALTORS®, and the constitution, bylaws, policies and rules of the National Association of REALTORS®, all as may from time to time be amended.

I agree to abide by the CRMLS Rules and Regulations and all administrative policies.

I am responsible for the security of my login information and will not share or make it available to any person.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of MLS Participant \_\_\_\_\_ Date \_\_\_\_\_



**FEES AND PAYMENT INFORMATION**

CRMLS Access: \$160.00 quarterly (prorated monthly)

Brokers: If you have iTech and want additional MLS's there will be an extra charge of \$100.00 per quarter for each additional MLS.

**Payment Details**

Card Type:      Visa              MasterCard              AMEX              DISCOVER

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I authorize the Glendale Association of REALTORS® to charge the credit card indicated above for an MLS Membership, which includes a joining fee and current quarter dues.*

Total Amount Due \$ \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Take advantage of automatic recurring billing and never be late again!**  
**Be sure to submit a Credit Card Authorization Form with your membership application.**

**Please visit [www.gaor.org](http://www.gaor.org) for all the latest news and information.**