



**300 S. Mahoney Drive, Ste C-14, P.O. Box 2485  
Telluride, CO 81435**

**Phone: (970) 728-5172  
Fax: (970) 728-5270**

Dear Potential MLS Subscriber of the Telluride Association of REALTORS Multiple Listing Service,

In order to become a member of the Telluride MLS, you must be approved by our local Board of Directors. The Board meets the 1<sup>st</sup> Tuesday of every month (subject to change—call to verify meeting dates). In order to have your application reviewed **you must submit your completed application WITH payment to the Telluride Association of REALTORS®' Office one week prior to the Board meeting—no exceptions.**

Access to the MLS will not be granted until the Board has approved membership!

Please read all of the attached information carefully and feel free to contact me with any questions you may have, (970) 728-5172.

Sincerely,

Robyn Pale  
Executive Vice-President

## TAR MLS Subscription Fees:

<b>MLS Application Fee:</b>	\$1,500 for all new applicants/subscribers
<b>New Office Application Fee:</b>	\$2,000 for all new offices (including independent proprietorships)
<b>Branch Office Application Fee:</b>	\$1,000 for all new Branch Offices. (Applies only to current TAR Affiliated MLS subscribers that want to open up more than one "Branch" office within the Telluride MLS)
<b>Transfer Fee:</b>	\$200.00 for any REALTOR member who transfers offices.

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### MLS Fees:

Designated Realtors	<b>\$54</b>
Realtors	<b>\$46</b>

\*The monthly MLS fees are subject to change every six months.

<b>MLS New Listing Fee:</b>	\$20.00
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# APPLICATION FOR MLS MEMBERSHIP

To the Telluride Association of REALTORS<sup>®</sup>, I hereby apply for MLS Membership in the above named Board and am enclosing my check in the amount of **\$1,500 for a one-time personal application fee, or \$2,000\* for a new office application fee (\*applicable to ALL new offices including independent proprietorships) payable to the Telluride Association of REALTORS<sup>®</sup>**. My application fee will be returned to me in the event of non-election (approval). Application fees are non-refundable once membership has been approved and accepted. In the event of my election, I agree to abide by the MLS Code of Ethics which includes the duty to arbitrate, and the Constitution, MLS Bylaws and MLS Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws.

**NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was an MLS Subscriber.

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

Licensed/certified appraiser:  Yes  No Appraisal License #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone\*: \_\_\_\_\_ **Preferred Mailing:**  Home  Office **Preferred Phone:**  Home  Office

*\*Phone numbers listed above will be posted in the MLS, TAR's website, and cell roster unless otherwise indicated by applicant*

Are you presently a member of any other Association of REALTORS<sup>®</sup>? \_\_\_\_\_

If yes, name of Association and type of membership held: \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS<sup>®</sup>? \_\_\_\_\_

If yes, name of Association and type of membership held: \_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS<sup>®</sup> in the past three (3) years or are there any such complaints pending? \_\_\_\_\_ (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR<sup>®</sup>, indicate your NAR membership (NRDS) #: \_\_\_\_\_

and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_.

**Are you a principal, partner, corporate officer or branch office manager? \_\_\_\_\_ If yes, you must also complete the 3rd page of this application.**

**In order to qualify for MLS Membership, you must meet the definition of MLS Participation as set forth in the MLS Bylaws. In order to verify that you meet the definition of MLS Participation, please complete ONE of the following two items in conjunction with your application:**

- 1) Provide documentation confirming that you have participated in a real estate transaction involving a property listed in the Telluride MLS between 1 year prior and the date of this Application.
- 2) Confirm in writing that your firm actively endeavors to acquire listings of properties for sale to be submitted to the Telluride MLS and/or represent buyers seeking properties for sale in the Telluride MLS – utilizing the Telluride MLS – on a **continual** and **on-going** basis, and provide a description of your activities in that regard.

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 further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Telluride Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Specialty:  Residential  Commercial  Resort  International  Other: \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_

Number of years engaged in the real estate business: \_\_\_\_\_

APPLICATION FOR MLS MEMBERSHIP CONTINUED: PAGE 3 FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information: Sole Proprietor Partnership Corporation  LLC (Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? \_\_\_\_\_

If yes, state the basis for each such refusal and detail the circumstances related thereto: \_\_\_\_\_  
\_\_\_\_\_

Is the Office Address, as stated, your principal place of business? \_\_\_\_\_

If not, or if you have any branch offices, please indicate and give address: \_\_\_\_\_  
\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? \_\_\_\_\_

If so, where: \_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details: \_\_\_\_\_.

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide 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 further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Telluride Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

# Telluride Association of REALTORS® First Time Homebuyers Assistance Fund

## **Guidelines for Broker Participation**

The Telluride Association of REALTORS set up the First Time Homebuyers Assistance Fund in 2002. Your participation will make a difference!

Individual Real Estate Brokers are not obligated to participate in the Fund. Participation is voluntary. For those who choose to participate, the process is as follows:

For every closed transaction, you donate your choice of the following levels of contribution:

- \$200
- \$100
- \$50
- \$25 per agent, per side

Advantages of participation:

- Participants will provide financial resources to individuals and families in need of financial assistance as first time homebuyers.
- Provide home ownership opportunities within the local region served by the Telluride Association of REALTORS.
- Gain frequent and consistent publicity and increase your image with thank you advertisements including individual broker's names in the Daily Planet.

How to participate:

- Send or deliver the attached participation form via email, hard mail or fax to the Telluride Association of REALTORS indicating your participation in the Telluride Association of REALTORS First Time Homebuyers Assistance Fund. This form will be copied to the title companies. Please mail, email or fax your form to:

Telluride Association of REALTORS  
PO Box 2485  
Telluride, CO 81435  
970-728-5270 fax  
[evp@telluriderealtors.net](mailto:evp@telluriderealtors.net)



## First Time Homebuyer's Assistance Fund

### **BROKER PARTICIPATION AUTHORIZATION FORM**

Name of Broker: \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this form, I agree to participate in the following level of contribution (please check one from the list below):

- \_\_\_\_\_ **\$200.00**
- \_\_\_\_\_ **\$100.00**
- \_\_\_\_\_ **\$50.00**
- \_\_\_\_\_ **\$25.00**

The amount indicated above will be deducted from your commission on each side of a transaction you are involved with and deposited into a TAR non-profit escrow account to assist First Time Homebuyers in the local region served by the Telluride Association of REALTORS®. I understand my name will be listed in semi-annual newspaper advertisements under the level I have specified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to TAR**  
**Fax-728-5270 fax, Email: [office@telluriderealtors.net](mailto:office@telluriderealtors.net)**  
**or PO Box 2485, Telluride, CO 81435**



## Brooks "Hoot" Brown Scholarship Fund

### **BROKER PARTICIPATION AUTHORIZATION FORM**

Name of Broker: \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this form, I agree to participate in the following level of contribution (please check one from the list below):

- \_\_\_\_\_ **\$200.00**
- \_\_\_\_\_ **\$100.00**
- \_\_\_\_\_ **\$50.00**
- \_\_\_\_\_ **\$25.00**

The amount indicated above will be deducted from your commission on each side of a transaction you are involved with and deposited into a TAR non-profit escrow account to assist the Brooks "Hoot" Brown Scholarship Fund served by the Telluride Association of REALTORS®. I understand my name will be listed an annual newspaper advertisement under the level I have specified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to TAR**  
**Fax- 728-5270, Email- [office@telluriderealtors.net](mailto:office@telluriderealtors.net) or**  
**PO Box 2485, Telluride, CO 81435**





## **Fax, Phone, and Email Agreement (in order to comply with FCC Do Not Call/Fax rules)**

By signing below, I hereby grant permission to the Telluride Association of REALTORS® to send faxes and Emails to the phone/fax numbers I have provided to them. I also agree that the Telluride Association of REALTORS® may call me at the phone number(s) I have provided. If I do not wish to have all or any portion of my contact information made public, I understand that I may indicate so, in writing, on this application or at any point in the future.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_