



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 submit your completed application WITH payment to the Telluride Association of REALTORS®. A LETTER of Good Standing must be sent or provided with this Application from your Primary Board, if you are opening a new Office and are the MLS Participant.

Access to the MLS will not be granted until the application is processed and the qualification question is answered on page 3.

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:

MLS Application Fee:	\$2,000 for all new applicants/subscribers
New Office Application Fee:	\$3,000 for all new offices (including independent proprietorships)
Branch Office Application Fee:	\$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)
Transfer Fee:	\$200.00 for any REALTOR member who transfers offices.

MLS Fees:

Designated Realtors	\$56
Realtors	\$48

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

MLS New Listing Fee:	\$20.00
-----------------------------	---------



APPLICATION FOR MLS MEMBERSHIP

To the Telluride Association of REALTORS MLS®, I hereby apply for MLS Membership in the above named Board and am enclosing my check in the amount of **\$2,000 for a one-time personal application fee, or \$3,000* for a new office application fee (*applicable to ALL new offices including independent proprietorships) payable to the Telluride Association of REALTORS®**. 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: _____

Are you presently a member of any other Association of REALTORS®? _____
If yes, name of Association and type of membership held: _____
Have you previously held membership in any other Association of REALTORS®? _____
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® 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®, 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.

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: _____

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
admin@telluriderealtors.net



Telluride Association of REALTORS®
ESTABLISHED 1987

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
or PO Box 2485, Telluride, CO 81435



Telluride Association of REALTORS®
ESTABLISHED 1987

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 in 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 or
PO Box 2485, Telluride, CO 81435



Telluride Association of Realtors
ESTABLISHED 1987

Telluride Medical Center Foundation 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):

- _____ **\$25.00**
- _____ **\$50.00**
- _____ **\$100.00**
- _____ **\$200.00**
- _____ **Other (Please write in amount)**

The amount indicated above will be deducted from your commission on each side of a transaction you are involved with and deposited to the TCMF fund to assist with the need of raising money for the Telluride Medical Center. 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
Email: office@telluriderealtors.net



Telluride Association of REALTORS®
ESTABLISHED 1987

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: _____

Subscription Waiver for Individual Affiliated with REALTOR® participant in the
Telluride Multiple Listing Service:

I, _____ associated with _____,
name of individual *participant's name*

Do not use the Multiple Listing Service in any way at any time, and understand that if I should utilize the Multiple Listing Service at any time, the Participant with whom I am affiliated is obligated to pay an additional individual subscription and possible fines.

Date

Signature of Individual

Print name of Individual

**Certification by REALTOR® Participant of Telluride Multiple Listing Service as to Individual's
Certification above:**

I agree that if _____ utilizes the Telluride Multiple Listing Service in any way my service will be revoked upon the individual's utilization of the Service in any manner and obligated to pay an additional individual subscription and possible fines.

I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and regulation 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 board/association members, as established in the Code of Ethics and Arbitration Manual, including the obligation to submit to ethics hearing and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the board/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 a administrative processing fee not to exceed \$2,000 which may be in addition to any discipline, including fines, that may be imposed.

Date

Signature of Participant

Print name of Participant

A "Waiver" member should not have access to Multiple Listing Service information that could be used to enhance that individual's ability to list sell or refer a listing or sale that could result in a personal payment of a fee or commission resulting from that information provided in the Telluride Multiple Listing Service.