



New MLS Office Application

NAME: _____

COMPANY: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL: _____ CELL: _____

DESIGNATED MANAGING BROKER LICENSE: _____

OFFICE LICENSE: _____

EFFECTIVE DATE OF NEW OFFICE: _____

NEW MLS OFFICE INITIAL FEE: \$500.00

PLEASE SELECT ONE:

____ CCAR PRIMARY OFFICE

____ CCAR SECONDARY OFFICE

I agree to abide by the Bylaws and Rules & Regulations of the Champaign County Association of REALTORS® (CCAR), and the National Association of REALTORS®

(SIGNATURE)

(DATE)