



HATTIESBURG Area Association of REALTORS®

MLS Participation Agreement for MLS Access by REALTOR® (Principals) Who Are Not Members of the Hattiesburg Area Association of REALTORS®, Inc.

Name of Participant: _____

Office Mailing Address: _____

Phone No: _____ Fax No: _____

E-Mail Address: _____

I agree as a condition of participation in the **Hattiesburg Area Association of REALTORS®** MLS to abide by all relevant bylaws, rules, and other obligations of participation including payment of fees. I confirm that I currently, and will on a continual basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS and/or accept offers of cooperation and compensation made by other Participants through the MLS, or, that I am licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property. I agree that I must continue to engage in such activities during my participation in the MLS. I further agree to be bound by the Code of Ethics including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Association. I acknowledge that failure to abide by these conditions of participation on an ongoing basis my result in potential suspension or termination of MLS participation rights after a hearing in accordance with the MLS's established procedures. The Participant shall pay cost incidental to membership and to further pay the **Participation fee of \$1,500.00** as set by the Board of Directors of the Hattiesburg Area Association of REALTORS®, Inc.

Signature of Participant: _____

Date: _____

I am responsible for the following licensed agents/appraisers (Attach additional signatures on separate sheet):

Signature of Each Agent/Appraiser Subscriber:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |



HATTIESBURG *Area* Association of REALTORS®

AGENT DATA WORKSHEET

NAME (Last, First, Middle Initial) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

OFFICE NAME _____

OFFICE ADDRESS _____

OFFICE PHONE # _____

OFFICE FAX # _____

DATE YOU WERE LICENSED WITH THIS OFFICE _____

*REAL ESTATE OR APPRAISER LICENSE # _____

DATE LICENSE ISSUED _____

*PRE-LICENSE COURSES TAKEN _____

DATE OF COMPLETION _____

PIN CODE FOR MLS _____ (4 NUMBERS)

EMAIL ADDRESS _____

PREFERRED MAILING ADDRESS (if different from office:

*Please provide a copy of your current Real Estate License.

Revised 2021



HATTIESBURG *Area* Association of REALTORS®

INTERNET ACCESS AUTHORIZATION FORM

OFFICE NAME: _____

OFFICE PHONE: _____

OFFICE FAX: _____

ADDRESS: _____

USER FULL NAME: _____

LOGIN NAME: hat. _____

USER EMAIL ADDRESS: _____

ACCESS LEVEL: (please check one)

_____ APPRAISER

_____ REALTOR

_____ STAFF

_____ ASSISTANT (Unlicensed but assisting Licensed Agent)

User Signature: _____

Broker Signature: _____

Date: _____

Revised 2021

As a member of the Hattiesburg Area Association of REALTORS® (HAAR), I would like to receive information and alerts via text messages from HAAR. I understand this program is completely voluntary and that text messaging rates and fees may apply as determined by my cellular provider. HAAR is not responsible for any fees charged to me by my cellular provider. If at any time I wish to discontinue receiving text messages from HAAR, I must notify HAAR staff in writing to withdraw from the text program. This information will be used only by HAAR and the notification system that will be providing the service.

Name

Company

Cell Phone Number

Revised 2021