



# 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 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 may 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. _____



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## AGENT DATA WORSHEET

NAME (Last, First, Middle Initial) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OFFICE NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

OFFICE PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE YOU WERE LICENSED WITH THIS OFFICE \_\_\_\_\_

\*REAL ESTATE OR APPRAISER LICENSE # \_\_\_\_\_

DATE LICENSE ISSUED \_\_\_\_\_

\*PRE-LICENSE COURSES TAKEN \_\_\_\_\_

DATE OF COMPLETION \_\_\_\_\_

PREFERRED MAILING ADDRESS (if different from office):  
\_\_\_\_\_  
\_\_\_\_\_

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

Revised 2026



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## 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 2026

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.

<u>Name</u>	<u>Company</u>	<u>Cell Phone Number</u>
_____	_____	_____

Revised 2026