



Bay Area Real Estate Information Services, Inc.
 153 Stony Circle, Suite 200 Santa Rosa, Ca 95401
 Po Box 3367 Santa Rosa, Ca 95402
 (707) 575-8000 Fax (707) 577-0140

Fax to: BAREIS MLS® Membership Department

Fax #: (707) 577-0140

From: _____

Date: _____

***Please note the following important information regarding being a Member of BAREIS MLS®.*

- ♦ BAREIS MLS® covers the five counties of Sonoma, Marin, Napa, Solano & Mendocino. BAREIS MLS® members also have access to MetroList, San Francisco Association, and MLS Listings through our data share agreement.
- ♦ BAREIS MLS® has service centers in all 5 of its main counties. At each service center you can join BAREIS MLS®, pay your quarterly fees and obtain a lockbox key.
- ♦ On www.bareis.com you can find all of our forms and information including BAREIS MLS® Rules & Regulations, Bylaws, weekly tour information, statistical information, training schedules, lists of service centers; their contact information and hours, etc.
- ♦ BAREIS MLS® uses the Rapattoni system and is accessed using Internet Explorer 6.0 or higher.

A minimum of two business days is required to process your application, provided the application has been completed and payment received.

Class D Broker Application Checklist: (*Required Forms)

- *Multiple Listing Service Participant Application
 - *Make sure your password is legible, using 6-12 characters. Please remember this password as it will not be included in your welcome email.*
- *Application for Class D Membership
- *Indemnity Agreement
- Exclusion of Sponsored Licensee & Certificate of Non-Use
- *Broker Agreement IDX/Reciprocal/Cooperative Advertising
- Non-Licensed Assistant Authorization to Access (Include payment)
- *Copy of your Department of Real Estate (DRE) License
- *Payment in the form of Cash, Check made payable to BAREIS MLS®, or BAREIS MLS® Credit Card Authorization Form

Feb 8 th ~ Feb 24 th	Feb 27 th ~ Mar 23 rd	Mar 26 th ~ Apr 27 th	Apr 30 th ~ May 8 th	May 9 th ~ May 25 th
<u>\$490</u>	<u>\$452</u>	<u>\$414</u>	<u>\$376</u>	<u>\$490</u>
\$300 application fee	\$300 application fee	\$300 application fee	\$300 application fee	\$300 application fee
\$76 1 st qtr (Feb & Mar)	\$38 (Mar)	\$114 2 nd qtr (Apr,May,Jun '12)	\$76 2 nd qtr (May & Jun)	\$76 2 nd qtr (May & Jun)
\$114 2 nd qtr (Apr,May,Jun '12)	\$114 2 nd qtr (Apr,May,Jun '12)			\$114 3 rd qtr (Jul,Aug,Sep '12)

Bay Area Real Estate Information Services, Inc. (BAREIS MLS®)

Broker / Participant Application

Please fax to (707) 577-0140

All **Bold** Fields Are Required.

Broker / Participant: _____ **DRE Lic #:** _____ **Exp:** _____
Print your name as it appears on your DRE License.

Office Name: _____

Office Mailing Address: _____ **City** _____ **Zip** _____

Office Physical Address: _____ **City** _____ **Zip** _____

Residence Address: _____ **City** _____ **Zip** _____

Office Phone: (____) _____

Office Fax: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-Mail Address: _____ **Desired Password:** _____
Mandatory for all members *6-12 Characters*

I hereby apply for Participation in the BAREIS MLS® and certify that the above is correct. I further certify that I am duly licensed as a real estate broker in good standing with the California Department of Real Estate. I further acknowledge and understand that as a Participant:

- 1) I have read BAREIS MLS® Bylaws and BAREIS MLS® Rules and Regulations posted on www.BAREIS.com and agree to abide by them. I will observe the Bylaws and Rules as amended from time-to-time as long as I remain a Participant. **Initial** _____
- 2) I shall require my licensees using BAREIS MLS® service to comply with the Bylaws and Rules and shall be liable to BAREIS MLS® for their failure to do so. **Initial** _____
- 3) I agree to pay fees as may be determined for the use (and fines for the misuse) of the MLS including, but not limited to, reinstatement fees and/or late fees incurred on delinquent accounts. **Initial** _____
- 4) I am responsible for notifying BAREIS MLS® in writing of all licensed agents affiliated under my license or leaving under my license. **Initial** _____
- 5) I understand that the MLS enrollment fee is non-refundable. **Initial** _____
- 6) I will sign up for BAREIS MLS® Basic/Orientation class within 60 days of joining. **Initial** _____

Broker / Participant Signature

Date

For Staff Use Only

Agent ID: _____

Invoice # _____

Amount Paid: \$ _____

Office ID: _____

Check # _____

Cash Visa MasterCard



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Broker Application for Class D Membership

Out of County

All Bold Fields Are Required.

Applicant Name: _____
Please Print

DRE Broker License #: _____ **Exp. Date:** _____ / _____ / _____

DRE Corporate License #: _____ **Exp. Date:** _____ / _____ / _____
If there is a Corporate DRE License number, please check the license # you would like to display on the office roster.

Applicant is: *(Please check one)*

A Corporation A Partnership A Natural Person A Limited Partnership Other Entity

Address: _____ City: _____ Zip: _____

Office Phone: _____ Home Phone: _____

The Applicant is (i) duly licensed as a real estate broker in good standing with the California Department of Real Estate, (ii) engaged in the conduct of the real estate brokerage business for its or his or her own account in a California county other than Marin, Napa, Sonoma, Solano or Mendocino County.

If the Applicant is an entity, it shall appoint a single senior officer, director, principal, partner or material shareholder who personally conducts business in California, to represent it in connection with the activities as a Class D Member of BAREIS MLS®.

The Applicant's initial representative shall be: *(complete if known)*

Name: _____ Contact Phone #: _____

Address: _____ City: _____ Zip: _____

We / I herby certify that the above information is true and correct. We / I further agree to abide by the Bylaws, Rules and Regulations and administrative policies of BAREIS MLS® and such amendments as may be made hereafter.

Please sign only one of the following:

For Entities: _____ *(DBA)* Appointee: _____ *(I am authorized in behalf of the corporation)* Date: _____

Individual Applicant: _____ Date: _____



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Exclusion of Sponsored Licensee & Certificate of Non-Use

A Participant in BAREIS MLS® may be exempt from a portion of the MLS Participation Fee for any individual employed by or affiliated with the Participant who does not have access to and does not use the MLS. Use of the MLS includes, but is not limited to, submission of listings, access to the MLS on-line database, or any other actions deemed associated with BAREIS MLS®.

I hereby request an exemption for the following licensee who meets the above criteria.

Name: _____ **DRE #:** _____

Reason for request: _____

The fee waiver is requested to be effective for the following time frame:

Start Date: _____ **End Date:** _____
Not to exceed the present calendar year.

I, the above licensee, certify that I do not use the MLS service in any way and understand that I must notify my Broker Participant if I have the need to utilize the MLS in the future.

Licensee Signature: _____ **Date:** _____

I certify that the above named licensee does not use any portion of the MLS. I agree that if the licensee intends to utilize any MLS service, I will notify BAREIS MLS® and pay the required fees. I understand that if I fail to notify BAREIS MLS®, I may be found in violation of BAREIS MLS® Bylaws and BAREIS MLS® Rules and Regulations and be subject to fines and citations.

Broker Participant Name: _____ **Broker ID:** _____

Broker Participant Signature: _____ **Date:** _____

**Please note that use of the MLS service by the licensee named above shall cause the waiver to be automatically revoked.*



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Bay Area Real Estate Information Services, Inc. (BAREIS MLS®)

**IDX / Reciprocal / Cooperative Advertising
Broker Agreement**

Please Fax to (707) 577-0140

I have read the BAREIS MLS® Rules and Regulations* regarding the cooperative / reciprocal agreements to permit or not permit other Brokers to advertise my listings or the listings of my office on the internet.

Further, I understand I have the right to accept or reject participation in this program. I understand I may not participate in this program until I have completed this agreement.

*BAREIS MLS® Rules and Regulations can be viewed at www.bareis.com

Broker Participant Name: _____ Broker ID: _____

Office Name: _____

Broker Participant Signature: _____ Date: _____

Select One of the Two Choices Below:

To Opt-In: I agree to participate in the cooperative / reciprocal advertising program and authorize all BAREIS MLS® subscribers associated with my office to participate. I understand all of my listings will automatically be coded “Yes” to the question “Permit other Brokers to Advertise”. Listings may still be excluded from being transmitted to the internet by the seller. I am granting blanket permission to other Brokers participating in the program to advertise the listings of my office within the BAREIS MLS® Rules and Regulations.

Broker Participant Name: _____ Broker ID: _____

Office Name: _____

Broker Participant Signature: _____ Date: _____

-- OR --

To Opt-Out: I do not want to participate in the cooperative / reciprocal advertising program and understand that none of the BAREIS MLS® subscribers associated with my office will be permitted to participate. I will indicate “No” on each of my listings, or the listings of my office to the question “Permit other Brokers to Advertise” through the listing input process on all listings from this office. Further, I understand that I and anyone associated with my office may not advertise the listings of other Brokers within this program without securing specific written permission from the Broker or opting into the program within the BAREIS MLS® Rules and Regulations.

Broker Participant Name: _____ Broker ID: _____

Office Name: _____

Broker Participant Signature: _____ Date: _____



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Non-Licensed Assistant Application

Please Fax to (707) 577-0140

If you are licensed, then you will need to fill out the Subscriber Application and contact BAREIS MLS® for information regarding Licensed Assistant policies.

All **Bold Fields** are required.

Staff Use Only

Assistant Name: _____

Agent ID: _____

Office Name: _____ **Office ID:** _____

Office Address: _____ **City** _____ **Zip** _____

Office Phone #: _____ **Desired Password:** _____

6-12 Alphanumeric Characters

E-mail Address: _____

Agent / Broker to be billed for Assistant: _____ **Agent ID:** _____

Assistant access is \$69 per quarter. The initial payment must be submitted in order to process application.

I authorize _____ to attend MLS classes and perform online functions including entering and modifying listings.

Access to Branch Office only

Company Wide Access

Asst. to Agent only

CONFIDENTIALITY OF BAREIS INFORMATION:

I further agree and understand that, should the above named person misuse or disclose BAREIS MLS® information to any non-member, that I will be in violation of 5.4 of the BAREIS MLS® Rules and Regulations: "Administrative users may not provide any BAREIS MLS® data to persons other than the Participant or Subscriber under whom the administrative user is registered."

Assistant Signature: _____ **Date:** _____

**Please allow 2 business days for processing. You will then receive an e-mail to the email address above with your login information.*

Billed Agent Signature: _____ **Date:** _____

Broker Participant Signature: _____ **Date:** _____

Please cancel Assistant: _____ Assist. ID: _____

Name of assistant canceling.



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Bay Area Real Estate Information Services, Inc. (BAREIS MLS®)

Credit Card Authorization Form

Please fax to (707) 577-0140

All fields must be completed in order for the credit card to be processed.

I _____, authorize Bay Area Real Estate Information Services, Inc. (BAREIS MLS®)

Please Print Name of Card Holder

to charge my credit card: Visa MasterCard In the amount of: \$ _____

We do NOT accept American Express or Discover

16 Digit Card Number: _____ - _____ - _____ - _____ Exp: _____ / _____
Month Year

3-digit card code*: _____ [*The 3 digit code is the last 3 digits of the number found on the back of your credit card above your signature.]

Billing address of credit card: _____
Address City Zip

Cardholder Signature: _____ Date: _____ / _____ / _____

Payment being made for: _____ Agent ID: _____
Please Print Name of Member

Office Name: _____

***Please note:** If credit card is denied upon 2nd attempt, a \$25 failed credit card fee will be assessed.

BAREIS MLS® offers a “Quarterly Credit Card” form to have your quarterly fees automatically deducted from your credit card. If you are interested in setting this up, please contact our accounting department or you can find the form on our website: www.BAREIS.com under “Membership Forms”.

For Staff Use Only

Authorization Code: _____



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