

**APPLICATION FOR MLS AS A LEASING AGENT  
HOMETOWN ASSOCIATION OF REALTORS® SYCAMORE, ILLINOIS**

(for MLS access of rentals only and local membership in the HomeTown Association of REALTORS®)

I hereby apply for LEASING AGENT & MLS RENTAL membership in the HomeTown Association of REALTORS® and submit the required participation fee.

Name as shown on license: \_\_\_\_\_

License #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Phone # I want my clients to call me at : \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ The year you first entered the real estate business: \_\_\_\_\_

Been Convicted of a Felony?  Yes  No. If yes, Date and charge: \_\_\_\_\_

I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and Regulations and other obligations of participation including payment of fees. I further agree to be bound by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS® on the same terms and conditions as board/association members 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 board/association. I understand that a violation of the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS® may result in termination of any MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

I hereby state that I am in no way engaged in the real estate profession as defined as a licensed Managing Broker, licensed Broker and or licensed Appraiser. I hereby state that if I am actively engaged in the real estate profession with any of the before mentioned licenses then I am required to hold REALTOR® Membership in an Association of REALTORS® within the State.

\_\_\_\_\_  
Leasing Agents Signature (required) Date

\_\_\_\_\_  
Brokers Signature (required) Date