

Secondary MLS Application



Please fill out all the following applications to become a member of the MLS if are with an office that already has secondary membership with our MLS. If you are already having membership with another association or are a new Realtor® member, please find your applications on different web pages. coar.com/join/how-to-join-the-association or coar.com/join/how-to-become-a-secondary-member.

All signatures fields must be signed, pages completed, and credit card included. If you have any questions, you may contact COAR or call your Principal Broker. When you have finished your application, please email it to Candace@COAR.com, and she will go through your paperwork and send you your final approval, receipt and login information to the MLS.

You will find that the Supra E-Key application is separate since some people may not want to activate their E-Key access or may not need it.

Your Fees:

\$100 MLSCO Joining Fee

\$45/month MLS fee

Other Needed Documents:

“Letter of Good Standing” written by your primary association.

All fields are required. To apply for participatory rights in the MLS of Central Oregon, you must already be an active member of a local Association in Oregon.

I hereby apply for **Participatory Rights** in the MLS of Central Oregon. I am a licensed as a:

- Managing Principal Broker**
- Broker**
- Managing Appraiser**
- Appraiser**

I am applying for:

- Designated Participant Rights (one per office)**
- Participant Rights**

I agree to pay the established \$100.00 MLSCO joining fee in accordance with the MLSCO Rules and Regulations. I also agree to pay the established MLSCO monthly member fee of \$45.00 for a full month, or \$22.50 for a half month (half month rate is assessed after the 15th of each month) which is charged when joining MLSCO. After the first payment, monthly charges are then circulated to the Designated Participant.

Member Information: Mr. Mrs. Ms.

Name as it appears on your Oregon Real Estate License: _____

Oregon Real Estate License Number: _____ **Date Issued:** _____

Name of Firm Licensed With (if a branch office include City): _____

Nickname: _____ **Date of Birth:** _____ Male Female

Home Mailing Address Including City, State & Zip Code: _____

Home Phone: _____ **Cell Phone:** _____ **Personal Fax:** _____

Email Address: _____ **Business Website Address:** _____

Preferred Mail: Home Office **Preferred Phone:** Home Cell Office **Preferred Fax:** Personal Office

Have you ever held REALTOR® membership in another state/local association? Yes No **If yes, where and what is your NRDS ID?**

PLEASE NOTE: If you have been/are a member with another state/local association and have paid dues THIS YEAR please attach a Letter of Good Standing.

Do you have any pending disciplinary action with another REALTOR® board/association? Yes No **If yes, where?** _____

Signature of Applicant: _____ **Date:** _____

**TO BE COMPLETED BY THE LICENSED PRINCIPAL BROKER
(IF THE MANAGING PRINCIPAL BROKER IS NOT THE APPLICANT)**

The undersigned Managing Principal Broker of (Name of Firm) _____
hereby certifies that (real estate licensee's name) _____ is a real estate broker
at the above office as of (start date) _____ per the Oregon Real Estate Agency, and such license has been verified
as active online with the State of Oregon Real Estate Agency.

Name of Managing Principal Broker (if not the applicant): _____

Name(s) of Office Owner(s): _____

Firm Is:

- Individual
- Partnership
- Corporation

Managing Principal Broker's Signature: _____ Date: _____



Membership Credit Card Authorization Form

COAR, 2112 NE 4th Street, Bend OR 97701
Phone: 541.382.6027 Email: candace@coar.com

All fields are required.

I agree to pay the established non-refundable dues and administrative fees in accordance with the Bylaws of the Central Oregon Association of REALTORS®, the Rules and Regulations of the Multiple Listing Service of Central Oregon and the activation fee per the Supra Keyholder Agreement.

I agree and understand that after the below payment has been submitted for payment the Central Oregon Association of REALTORS® will destroy the bottom portion of this Authorization Form, and COAR and MLSCO will not retain my credit card information.

MLS Membership Total: \$ _____ **Initials** _____

Association Membership Total: \$ _____ **Initials** _____

Supra Activation and Monthly Fee (Billed by Supra) Initials _____

Signature: _____ **Date** _____

Name on Card: _____

Billing Address for Card: _____

Card Type – Visa Master Card Discover American Express

Card Number: _____

Expiration Date: _____ **CSV:** _____



Please provide a **“Letter of Good Standing”** here.

A Letter of Good Standing shows that you have paid your REALTOR® dues with another Oregon association and have fully complied with various regulations for the state of Oregon.

Phone: 541-382-6027

Fax: 541-383-3020

Email: info@coar.com