



2130 S.W. 37th Street
 Topeka, KS 66611-2571
 Phone: 785/267-3215 * Fax: 785/267-4993
 www.sunflowerrealtors.com

Application for MLS Only

I hereby apply for MLS only status with the Sunflower MLS, Inc. I agree to abide by its Constitution, Bylaws, and Rules and Regulations. I irrevocably waive all claims against the MLS and the Sunflower Association of REALTORS®, Inc., or any of its officers, directors, or members, for any act in connection with the business of the MLS, particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a member.

I hereby submit the following information for your consideration:

Personal Information

NAR membership number (NRDS): _____
 MLS User Name (case sensitive): _____

Name as shown on license: _____ Mr. Mrs. Ms.
 Nickname: _____ Nickname used in MLS? Yes No
 Home address: _____
 City, state & zip: _____ Preferred mail: Home Office
 Home phone: _____ Cell phone: _____
 Preferred phone: Home Cell Office
 E-mail address: _____ Secondary e-mail: _____
 Preferred email: Primary Secondary
 Real Estate License #: _____ Broker Salesperson
 Licensed/Certified Appraiser: Yes No
 Appraisal License #: _____
 Type of Member: Subscriber Participant
 Area of specialty (please choose one): Residential Commercial Appraisal Property Management
 Association through which your REALTOR® dues have been paid: _____

Company Information

Office name: _____
 Office address: _____
 City, state & zip: _____ Office phone: _____

Broker(s)/Owner(s) Only

Company type: Sole Proprietorship Partnership Corporation LLC (Limited Liability Company)
 Other Please specify: _____
 Your position: Principal Partner Corporate Officer Majority Stockholder Branch Office Manager
 Other Please specify: _____
 Names of other partners/officers of your firm: _____

Signature: _____ Date: _____



Fees Collected

SMLS participation fee _____

SMLS MO set-up fee _____

SMLS subscription fee _____

SAR annual document licensing fee _____

Total _____

Cash Check CC

SAR staff: _____

Date received: _____