



**HEARTLAND ASSOCIATION OF REALTORS®, INC.
BROKER/APPRaiser/AGENT APPLICATION FOR MEMBERSHIP**

SECTION 1: LICENSEE

Name as shown on license _____

Nickname/DBA _____

Real Estate License # _____ Date License Issued _____

Are you a Licensed/Certified Appraiser Yes / No Appraisal # _____

Home Address _____ Mailing address _____

City _____ State _____ Zip _____

e-mail _____ Cell phone # _____

WEB page address _____

To the Heartland Association of REALTORS®, Inc. I hereby apply for REALTOR®/Appraiser Membership in the above-named Association and agree to submit payment in the amount of _____ which consists of the \$100.00 one-time application fee and the pro-rated dues (\$125.00 pro-rated monthly), payable to Heartland Association of REALTORS®, Inc

Application fees are non-refundable. In the event of non-election, dues will be refunded.

In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above-named Association, the State Association, and the National Association. I understand membership brings certain privileges and obligations that require compliance. I understand that I will be required to complete the periodic Code of Ethics training as specified in the Association's bylaws as a condition of continued membership.

Signature of Applicant _____

Date _____



NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns or is expelled from membership in the Association with an Ethics Complaint or Arbitration Request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending Ethics or Arbitration Proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in Arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

NOTE: Dues payments to the Heartland Association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

SECTION 2: LICENSEE

I hereby submit the following information for your consideration:

Name, as you want it to appear on MLS Roster _____

Name of Real Estate Firm/Appraisal Firm _____

Office Address _____

State position with firm: Principal Partner Corporate Officer
Branch Office Manager Non-Principal Licensee Majority Shareholder

Company Information State whether: Sole Proprietor DBA Partnership
Corporation LLC



SECTION 4: LICENSEE

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND THAT I AGREE THAT FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION AS REQUESTED, OR ANY MISSTATEMENTS OF FACT, MAY BE GROUNDS FOR TERMINATION OF MY MEMBERSHIP IN THE HEARTLAND ASSOCIATION OF REALTORS®, INC.

Signed: _____ Date: _____

Please Print Name Here _____

- Please attach copy of Real Estate License
- Please attach copy of Driver’s License
- Please request and provide a Letter of Good Standing if you are currently a REALTOR or have been in the last year.

PRORATION OF ASSOCIATION DUES

Association application fee and dues are payable to the Heartland Association of REALTORS®, Inc.

Association dues required to join the Heartland Association of REALTORS®, Inc. are composed of three parts: National, State and Local. If an applicant has belonged to another Association during the current year, they may not owe the NAR and/or FAR dues. If you are coming from another board and have paid the dues, please provide a letter of Good Standing. Dues are based on the calendar year.

All figures apply to new applicants only. The pro-ration is based upon the day the applicant makes the application but should be within 30 days of becoming affiliated with a member Broker by licensure with the Florida Real Estate Commission. All fees and dues must accompany the application to be processed.

NEW MEMBER ASSOCIATION FEES:

Local Association Application Fee: (ONE-TIME) \$ 100.00
Heartland Association of REALTORS®, Inc. (YEARLY LOCAL DUES) \$ 125.00

The Multiple Listing fees will be billed to your Broker monthly.
The cost is \$40.00 per agent per month for unlimited listings and MLS user fees.



IF THIS IS A NEW OFFICE, PLEASE COMPLETE THIS APPLICATION FOR BROKER/APPRaiser NEW OFFICE MEMBERSHIP AS WELL.

Thank you for your inquiry concerning the Heartland Multiple Listing Service. The Broker of the Real Estate Company is required to become a member. Each licensee under the Broker is required to be a participant as well. If you are joining as a Branch, kindly send along the occupational license and license from DBPR for that Branch. There are no exceptions.

Kindly complete the attached application and branch certification and return to this office with your check made payable to Heartland Multiple Listing Service. Upon receipt, your application will be processed. The DBPR will be contacted to verify each licensee in the office and packages will be sent to the office for each person, with the By-Laws and Rules and Regulations governing the HMLS. Included in the package will be the URL to access HMLS's Matrix platform.

Along with your completed application and check, kindly sign the bottom of this letter and return as well. Once again, thank you for your interest in our Board and we look forward to being of service to you.

Company information: Sole Proprietor Partnership Corporation
LLC (Limited Liability Company)



Office Name: _____

Office Address: _____

Office Mailing Address: _____

Office phone # _____

Office email: _____

Office web page: _____

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers of your firm:

Have you ever been refused membership in any other Association of REALTORS®? Y / N

If yes, please state the basis for each such refusal and detail the circumstances related thereto:

Is the Office Address, as stated, your principal place of business? Y / N

If not, or if you have any branch offices, please indicate, and give address:

Have you or your firm been found in violation of state real estate/appraisal licensing regulations within the last three years? Y / N

If yes, please provide details:

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime? Y / N

If yes, please provide details:



I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

NOTE: Payments to the Heartland Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

MLS NEW OFFICE APPLICATION FEE

ONE TIME \$150.00

The Multiple Listing fees will be billed to the Broker or Appraiser monthly. The cost is \$40.00 per agent per month for unlimited listings and MLS user fees.

Dated: _____ Qualifying Broker Signature: _____

Broker Acknowledgement

I have read the conditions concerning membership in the Heartland Multiple Listing Service. The information attached is true and accurate to the best of my knowledge. Failure to comply will result in membership being denied.

Dated: _____ Qualifying Broker Signature: _____

Heartland Multiple Listing Service, Inc.
APPLICATION FORM FOR WAIVER OF HMLS MLS SUBSCRIBER FEES FOR
AFFILIATED LICENSED REALTORS® OR APPRAISERS

Per Article 6, Section 6.1 of the HMLS Rules & Regulations, the individual(s) named in Exhibit A ("Waiver Applicant(s)") shall be exempt from payment of the Heartland Multiple Listing Service, Inc. ("HMLS") MLS Subscriber fee so long as such Waiver Applicant(s) currently satisfies and continues to satisfy ALL the following requirements:

1. Waiver Applicant is NOT a listing agent for any active listing included in the MLS;
2. Waiver Applicant does NOT possess, control, or use a lockbox key to enter, view, or show any property that is listed in the MLS;
3. Waiver Applicant does NOT directly or indirectly access or use in any manner whatsoever the listing information stored in the MLS. Such access and use includes, but is not limited to, direct access to or use of the MLS and the use of the other devices or services provided by the MLS or its affiliated or licensed vendors or suppliers, that permit access to and use of any listing information from the MLS; and
4. Waiver Applicant does NOT use, directly or indirectly, in any manner whatsoever information from the MLS to list properties for sale or lease, to identify or locate properties for any potential buyers or lessees and does not participate in listing or sales activity requiring licensure for any properties listed in the MLS.

CERTIFICATION BY WAIVER APPLICANT'S MLS PARTICIPANT / DESIGNATED BROKER

I certify that the Waiver Applicant(s) named herein on Exhibit A is/are affiliated with me and meet ALL of the above requirements, and therefore is/are eligible for a waiver of each Waiver Applicant's MLS Subscriber fee. I understand that I will need to supply an additional signed Exhibit A for any future Waiver Applicants. Further, I agree to notify HMLS within 10 calendar days if any Waiver Applicant remains affiliated with me but has become ineligible for a waiver of the fee. Simultaneously with such notice to HMLS, I will either (i) sever the agent from this office, or (ii) inform the agent that said agent must subscribe to HMLS within 3 business days of the notification to HMLS. Such affirmative notice to HMLS, and the subsequent completion of (i) or (ii) above, shall not constitute a breach of this agreement and shall therefore not incur the penalties described below. I understand that any violation of the conditions of this waiver will result in automatic revocation of this waiver for the individual Waiver Applicant. I agree to pay any and all MLS Subscriber fees, retroactive to the beginning of the current billing year, plus a \$250 non-compliance fee for each Waiver Applicant that has had his or her waiver revoked, within 10 calendar days after the Waiver Applicant becomes ineligible for a waiver of the MLS Subscriber fee. I acknowledge that non-payment of the fee(s), by the due date, as indicated on the associated invoice from HMLS, will result in the MLS access for myself and all Subscribers associated under my HMLS participation being suspended until such time as all fees have been satisfied.

Signature of MLS Participant / Designated Broker

Printed Name of MLS Participant / Designated Broker Date

Print Company Name

Office Broker Code

EMAIL APPLICATIONS TO: harmembership@gmail.com

Mail Applications to: Heartland Multiple Listing Service Inc. 815 US Hwy 27 S, Sebring, FL 33870

A waiver becomes effective immediately upon receipt and processing by HARMLS of a properly completed application form provided the Applicant satisfies all requirements listed above. Approved waivers shall remain in effect until the applicant becomes an active subscriber, changes brokerages, or subsequently fails to satisfy any of the waiver requirements. Applicant will be notified by HMLS if this application is not approved. HMLS BOD Approved June 7, 2018

Exhibit A

The undersigned Waiver Applicant(s) hereby acknowledge receipt of this Waiver Application Form from their Participant/ Designated Broker and understand that any change to their waiver eligibility as defined herein must be communicated immediately to his or her Participant/ Designated Broker. Waiver Applicant further acknowledges that non-compliance with the terms of the waiver and its notification provisions will result in the Participant/ Designated Broker incurring Subscriber fees and a non-compliance fee on their behalf.

Participant/ Designated Broker certifies that the following real estate and appraiser licensees meet all the requirements for receiving a HMLS MLS Fee waiver as described herein:
***The names of the agents that are not joining must be named on this waiver form and be a member of another MLS of their choice. Should you have more than 10 agents being waived you can simply attach a copy of your roster.**

Agent Last Name	Agent First Name	Real Estate License #	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Signature of MLS Participant/ Designated Broker _____ Printed Name of MLS Participant/ Designated Broker _____

Print Company Name _____ Date _____
 Heartland Multiple Listing Service, Inc. 815 US HWY 27 S. Sebring FL 33870
harmembership@gmail.com
 863-385-6014