



**Greater Scranton Board of REALTORS®  
APPLICATION FOR MLS-ONLY SUBSCRIBER MEMBERSHIP**

**TO THE GREATER SCRANTON BOARD OF REALTORS®:** I hereby apply for MLS-Only Subscriber Membership, and I am enclosing my payment of **\$150.00** for a one-time application fee. (Check can be made payable to GSBR). I understand that my application fees are non-refundable. I agree, that if accepted for membership in the GSBR FLEXMLS Multi-List Service, that I will pay all fees in a timely manner as established by GSBR.

PLEASE PRINT:

NAME: \_\_\_\_\_

PA REAL ESTATE SALESPERSON LICENSE #: \_\_\_\_\_

PA CERTIFIED APPRAISER LICENSE #: \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ OFFICE EMAIL: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAR MEMBER ID #: \_\_\_\_\_

PRIMARY LOCAL ASSOCIATION NAME: \_\_\_\_\_

STATE ASSOCIATION NAME: \_\_\_\_\_

DATE OF COMPLETION OF LAST NAR CODE OF ETHICS TRAINING: \_\_\_\_\_

**PLEASE NOTE: ACTIVATION OF GSBR MLS SUBSCRIBER MEMBERSHIP AND MLS SUBSCRIBER ACCESS CAN TAKE UP TO 72 HOURS OF RECEIPT OF APPLICATION BY THE ADMINISTRATIVE COORDINATOR.**

**A COPY OF THE PA SALESPERSON LICENSE IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION. PLEASE ALSO SUBMIT A MEMBER IN GOOD STANDING LETTER FROM YOUR PRIMARY ASSOCIATION.**

I hereby certify that the 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 Board, I shall pay the fees and dues in a timely manner as established. NOTE: Payments to the Greater Scranton Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, may 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, 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.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_