

BRANCH OFFICE

Multiple Listing System of Southwestern Michigan, Inc.

Application Form

Name: _____

Office Name: _____

Office Address: _____

Office Phone: _____

Office Fax: _____

I hereby make application for Participant Membership in the Multiple Listing system of Southwestern Michigan, Inc. Enclosed is my check for \$250.00 for my application fee, which will be returned to me if my REALTOR membership is not approved. I agree to abide by the Bylaws and Rules and Regulations of the Multiple Listing System of Southwestern Michigan, Inc.

(Signature)

(Date)

For Office Use Only:

Amount Paid for Application Fee: \$250.00

Check No.: _____

Date: _____