

# 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: \_\_\_\_\_