



Broker Participation Form:

By initialing below, I agree that my firm and licensees under my state license have permission to join the First Choice Multiple Listing Service and that I have read the MLS Rules & Regulations that are posted on the fultoncountyboardofrealtors.com website. All listings submitted to the First Choice MLS will comply with the rules and regulations of the First Choice MLS, and conform to fair housing laws of the state of New York. Additionally I certify that I will be the Participant of the First Choice MLS on behalf of my Firm.

Broker's Initial _____

Broker Information

First Name _____ Last Name _____

Brokerage Name _____

Brokerage Address _____

City _____ State _____ Zip _____

Office Phone: _____ Mobile Phone: _____ Fax: _____

E-mail: _____ Website: _____

Signature _____ Date: _____

NYS RE License Number: _____ License Expiration Date: _____