



FIRST CHOICE MULTIPLE LISTING SERVICE
A service provided by Fulton County Board of REALTORS®, Inc.

MLS Subscriber's Name: _____

(Association Broker/Salesperson/Appraiser)

Address: _____

Phone: _____ **E-mail:** _____

License #: (please attach copy) _____

MLS subscribers (sales agents/associate brokers/non-principal appraisers) must join under a Participating Broker-Owner or Participating Appraiser.

Office name: _____

Office address: _____

Phone: _____ **Fax:** _____

(Please indicate which membership you are applying for)

Primary Membership _____ **Secondary Membership** _____ **MLS Only** _____

NAR/NRDS membership #: _____

I hereby certify that I am a member in good standing with the _____
Name of local board/association

I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of participation in the First Choice MLS.

I have reviewed the First Choice MLS Rules & Regulations and agree to abide by the provisions set forth therein. **ALL DUES AND FEES ARE NON-REFUNDABLE.**

Subscriber Signature: _____ **Date:** _____

Return to: Fulton County Board of REALTORS®, Inc.
34 West Fulton St.
Gloversville, NY 12078
Phone: 518-725-5523 or E-mail: fultoncountyboardofrealtors@gmail.com