



## **ADMINISTRATIVE OFFICE STAFF**

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### **Application & Information**

101 Stone Chimney Road  
Supply, NC 28462  
Phone: (910) 754-5700  
Fax: (910) 754-7869  
Website: [www.bcarnc.com](http://www.bcarnc.com)



## Welcome!

You are ready to begin your **Office Staff** membership application process with the BCAR if you are requesting:

Email Notifications and Access to the Internet Member Services website

AND/OR

Staff access to the MLS Service and **do NOT** have a valid NC Real Estate license

## Fee Structure for 2010

There are no application fees assessed for non-licensed members.

If you are requesting MLS Access, there will be a **quarterly fee of \$75.00** assessed directly to the Designated REALTOR®. The first quarter payment (or prorated portion) and **\$20 one-time fee** for the Secure Logon Token is due with the application. A **\$5.00 security fee** will be invoiced quarterly with the MLS fee.

## MLS Access

Submit the completed Application and the Subscriber Membership Agreement

**Applications will not be processed without payment.**



**APPLICATION FOR OFFICE STAFF**

Name: \_\_\_\_\_  
(please print)

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
(Street) (Suite or Other)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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Residence Address: \_\_\_\_\_  
(Street) (Apartment #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

E-mail: \_\_\_\_\_ Fax # \_\_\_\_\_

Date of Birth \_\_\_\_\_

I understand that if I am actively licensed by the NC Real Estate Commission, the Designated REALTORS®'s dues will increase by the amount equal to that of a REALTOR® member.

I certify that the information that I have provided is correct and true to the best of my ability.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ BIC  
Signature: \_\_\_\_\_



**Subscriber Membership Agreement**  
**In the Brunswick County Association of REALTORS® MLS**

This Agreement is made this \_\_\_\_\_ Day of \_\_\_\_\_,  
*( date )* *( month )*  
20\_\_\_\_, by and between Brunswick County Association of REALTORS® MLS and  
\_\_\_\_\_  
*(BIC print name)* *(Subscriber print name)*  
located at \_\_\_\_\_  
*(print address)*

a licensed real estate agent, a certified real estate appraiser, or an office administrator under the direct supervision of participant (the "Subscriber").

The Subscriber agrees to the following as a condition for access to and use of the Service:

1. Acknowledge completion of the Association's MLS orientation program and receipt of a copy of the Rules and Regulation of the Association and agrees to abide by them at all times.

The Participant agrees to oversee Subscriber's compliance with the BCAR MLS Rules & Regulations and agrees to pay all charges due to the Association on behalf of its Subscribers and to immediately notify the Association of the termination of the subscriber's association with Participant.

The Participant shall maintain good standing as a member of any Board/Association of REALTORS® and is capable of offering and accepting cooperation and compensation to and from other Participants in North Carolina or are licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property in North Carolina.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Subscriber Signature

\_\_\_\_\_  
Signature of BIC

\_\_\_\_\_  
Date



## Credit Card Authorization

### Authorization Agreement for Credit Card Payments

Brunswick County Association of REALTORS® is authorized to charge my credit card listed below for all dues and fees incurred by joining the Association. This may include (but is not limited to) application fees, donations, dues, MLS charges, and other. This authorization is only for the one transaction and not for future dues or fees, etc.

Brunswick County Association of REALTORS® will provide me with a copy of the paid bill and or receipt.

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Type of Card:      Visa      MasterCard      American Express      Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ *(3 digits on the back of the card)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_