

East Bay Regional Data Multiple Listing Service Real Estate Subscriber

Revised: 02/11/09

Page 1 of 2

New Agent/R. E. Subscriber Information

Make sure these items are included when you mail or fax your application:

- Application Form completed and signed by Agent and the MLS Participating Broker.
- Copy of Agent's Department of Real Estate (DRE) license.
- \$200 Application fee
- \$540 Annual Subscriber fee.
- Copy of your California Driver's License

Fees can be charged to Mastercard or Visa by completing the bottom of the form. There is a \$25 service charge for any returned check or refused charge. If a check is returned or a charge refused, payment must be made by postal money order or certified check.

Reminder:

- You have 45 days to complete a training course for the MLS computer system.
- You must read and follow the MLS Rules, which comes in your New Agent packet.
- Go online to our web site at www.ebrdi.com to check class schedules, register for a class, and get driving directions to class locations. Call EBRD @ 925 363-2330 with any questions.
- Your Participating Broker determines your Service Center. You must be affiliated with the same Service Center as your Broker.

Service Center Locations

Antioch

Delta Association of
REALTORS®

3428 Hillcrest, Ste 200
Antioch, CA 94531
925 757-8283
925 757-8393 – fax

Berkeley

Berkeley Association
of REALTORS®

1553 M L K Jr. Way
Berkeley 94709
510 848-4288
510 848-2439 - fax

Oakland

Oakland Association
of REALTORS®

1528 Webster St
Oakland 94612
510 836-3045
510 272-0661 - fax

Richmond

W Contra Costa
Association of
REALTORS®

423 46th Ave
Richmond 94805
510 233-1152
510 231-0243 - fax

Walnut Creek

East Bay Regional Data

1000 Burnett Ave #250
Concord 94518
925 363-2330
925 687-7099 fax

East Bay Regional Data Multiple Listing Service Real Estate Subscriber

Revised: 02/11/09

Page 2 of 2

To ADD a New Agent/R.E. Subscriber to Your Office/Company

1. First Name: _____ Last: _____
(as it appears on Real Estate License)

2. CA Department of Real Estate (DRE) License Number: _____

3. DRE License Expiration Date: ____/____/____

4. Social Security Number (Last 4 digits only) XXXX-XX-____

5. Company Name: _____

6. Company Address: _____

City: _____ State: _____ Zip: _____

7. Company Phone: (____) _____ Your Extension: _____ FAX #: (____) _____

8. Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Home Fax and/or Pager Number: (____) _____

9. I would like my mail sent to my: Home _____ Office _____

10. E-mail address: _____ and/or Web Page _____

Please sign here, thereby giving EBRD permission to send important communication regarding the MLS to your email address above. EBRD will never sell or use this email address for any other purpose than to send important communication directly to you. Signature: _____

11. I would like any faxes sent to my: Home _____ Office _____ E-Mail _____

12. Do you belong to an Association of REALTORS®

Yes _____ Association _____ Member # _____

- No Refund: I understand that if this application is canceled or withdrawn I will not be entitled to a refund.
- I understand I am required to submit a copy of my real estate license as a condition of subscribership.
- I acknowledge receipt of a copy of the Rules and Regulations of the EBRD MLS, and agree to abide by such Rules and Regulations as they exist and as they may from time-to-time be amended.

Signature: _____ Date: ____/____/____

(Agent)

I hereby certify that the above agent/broker is affiliated with me.

Broker Name (Print): _____

Signature: _____ Date: ____/____/____

(MLS Participating Broker)

Return completed and signed form to the Service Center selected by your Broker.

For Credit Card Payment Only

I authorize EBRD to charge my credit card (below). I understand that:

- 1) Should my credit card company "decline" the request for payment, I will be assessed a \$25 fee and be contacted to arrange for an alternate form of payment.
- 2) More than one decline will cause EBRD to cancel this authorization.

MC/VISA Account # _____ Exp Date: ____/____/____ Total \$ _____

(Signature) _____

Service Center Use Only

Agent Code _____ Office Code _____

2/12/2009

1000 Burnett Avenue, Suite 250, Concord, CA 94518
Tel: (925) 363-2330 Fax: (925) 687-7099 Website: www.ebrdi.com