

ST AUGUSTINE & ST JOHNS COUNTY MULTIPLE LISTING SERVICE, INC.

1789 Lakeside Avenue
St. Augustine, FL 32084
Phone: 904-829-8738
Fax: 904-823-9512
education@stjohnsrealtors.org

2024 MLS OFFICE (BROKER) ONLY APPLICATION

Letter of Good Standing from Primary Board is required.

REAL ESTATE LICENSE # _____ CQ LICENSE # _____

BROKER NAME: _____ NRDS#: _____
(as it appears on license)

BROKER E-MAIL: _____

OFFICE NAME: _____
Main Branch

OFFICE ADDRESS: _____
(City, State & Zip)

NRDS#: _____

OFFICE PHONE: _____ OFFICE FAX: _____ OTHER PHONE: _____

OFFICE WEBSITE: _____

PREFERRED OFFICE CONTACT: _____

CONTACT DIRECT PHONE #: _____ CONTACT E-MAIL: _____

I, _____ DO HEREBY AFFIRM AS A CONDITION OF MY PARTICIPATION IN THE ST. AUGUSTINE & ST. JOHNS COUNTY MULTIPLE LISTING SERVICE, INC. IS TO ABIDE BY ALL BYLAWS, POLICIES, RULES, REGULATIONS AND OBLIGATIONS OF SUBSCRIPTION INCLUDING PAYMENT TO THE ST. AUGUSTINE & ST. JOHNS COUNTY MULTIPLE LISTING SERVICE, INC. OF ALL PARTICIPATION AND AGENT SUBSCRIPTION FEES. I FURTHER AGREE TO BE BOUND BY THE CODE OF ETHICS. I UNDERSTAND THAT A VIOLATION OF THE CODE OF ETHICS MAY RESULT IN TERMINATION OF MY MLS PRIVILEGES AND THAT I MAY BE ASSESSED AN ADMINISTRATIVE PROCESSING FEE WHICH MAY BE IN ADDITION TO ANY DISCIPLINE, INCLUDING FINES, THAT MAY BE IMPOSED.

MLS ONLY FEES:

NEW OFFICE APPLICATION FEE (ONE TIME CHARGE)	\$150.00
MEMBERSHIP APPLICATION FEE (ONE TIME CHARGE)	\$100.00
MLS TRAINING- (MANDATORY) (ONE TIME CHARGE)	\$130.00
PARAGON MLS ANNUAL ACCESS FEE (6/1/2023 - 6/1/2024)	\$540.00 annually (prorated monthly)
MLS ONLY ANNUAL OFFICE FEE	\$400.00 annually
SOLD/COMP DATA (BOARD OWNED) ANNUAL FEE	\$200.00 annually
IDX- per feed (optional)	\$75.00 setup fee/\$100.00 annual data access fee
MLS OFFICE TRANSFER FEE	\$15 per transfer
ELECTIONS	NOT AVAILABLE
SEAT ON THE MLS BOARD OF DIRECTORS	NOT AVAILABLE

SIGNATURE: _____

ALL FEES ARE NON- REFUNDABLE

Updated 12/18/2023

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2024 PREFERRED COMMUNICATION CONSENT FORM

NAME: _____

HOME ADDRESS: _____
(City, State & Zip)

PREFERRED MAILING ADDRESS: _____
(City, State & Zip)

PREFERRED PHONE #: _____ (Cell) (hm) or (other)
Circle Preference

PREFERRED E-MAIL: _____

WEB SITE: _____

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications via regular mail, e-mail, telephone, and or fax sent by or on behalf of
THE ST. AUGUSTINE & ST. JOHNS COUNTY BOARD OF REALTORS® AND THE ST. AUGUSTINE & ST. JOHNS COUNTY MULTIPLE LISTING SERVICE, INC.

My preferred form of communication is:

- e-mail
- fax (CHECK ALL THAT APPLY)
- mail
- telephone

By signing below, I _____ also agree to allow the St. Augustine & St. Johns County Board of REALTORS® and Multiple Listing Service, Inc. to publish my e-mail address in all Board and MLS resources.

Signature

Date

ST AUGUSTINE & ST JOHNS COUNTY BOARD OF REALTORS®
1789 Lakeside Ave, St. Augustine, FL 32084
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(F) 904-823-9512
education@stjohnsrealtors.org

2024 E-KEY LEASE AGREEMENT

IT IS HEREBY AGREED BETWEEN THE ST. AUGUSTINE & ST. JOHNS COUNTY
MULTIPLE LISTING SERVICE, INC. AND:

_____ OF _____
(DESIGNATED BROKER) (OFFICE)

AND _____ (REAL

ESTATE ASSOCIATE) THAT:

The Board hereby acknowledges receipt of a \$50.00 Board one-time startup fee. Supra charges an additional 50.00 for the initial start up fee, which is charged to the credit card of your choice. They will charge your monthly billing to that credit card. The amount will depend on whether you choose the basic level of service or the professional level of service. All fees are NON-refundable.

SERIAL NUMBER: _____ PIN NUMBER _____

THE PROGRAM WILL BE DELETED FROM THE SUPRA SYSTEM IN THE EVENT
OF THE FOLLOWING:

- Termination by either Designated Broker or licensed associate as an active member in good standing of the St. Augustine & St. Johns County Multiple Listing Service, Inc.
- Non payment of fees.

PHONE SECURITY: Owner agrees:

- To keep the PHONE in their possession or in a safe place at all times.
- To NOT allow personal ID number to be attached to the PHONE..
- To NOT loan the PHONE to any person, for any purpose whatsoever.
- To immediately notify the Board of theft of the device.

_____ Initial

INDEMNIFICATION: Owner covenants and agrees to indemnify and hold the Board harmless from any and all liability, obligations or demands against the Board as a result of loss of use of the PHONE including, but not limited to, any and all liabilities, including attorney's fees incurred by the Board as a result of damage or injury to premises or persons arising out of the use of the phone by the owner or any other person.

DESIGNATED BROKER RESPONSIBILITY: The DESIGNATED BROKER confirms that he/she is both a licensed Real Estate Broker or Certified Appraiser and an active member of the St. Augustine and St. Johns County Multiple Listing Service, Inc. Further DESIGNATED Broker confirms that PHONE owner is in fact associated with DESIGNATED Broker in an active effort to sell or appraise real estate through the same business office. That the Phone Owner does have a real estate license or is a licensed of certified appraiser and the DESIGNATED Broker is jointly and liable with PHONE owner for all duties, responsibilities, and undertakings of PHONE owner under this agreement, provided however, that this agreement shall not be construed to make PHONE owner an employee of DESIGNATED Broker.

AUTHORIZATION: Phone owner will secure authorization from the owner or tenant in possession of any property listed for sale prior to the installation and use of a KEYBOX on such property. Extreme care should be taken to ensure that all doors and the KEYBOX are locked.

VIOLATION OF AGREEMENT: Any violation of this agreement by either the PHONE owner or DESIGNATED Broker shall automatically be considered a violation of the St. Augustine & St. Johns County Multiple Listing Service, Inc. measures for a common lockbox system, and as a result said individual shall be assessed a \$500.00 violation fee.

ALL FEES ARE NON-REFUNDABLE

_____ Phone Owner Name	_____ Office Name
_____ Phone Owner Signature	_____ Date
_____ E-mail	_____ Credit Card Billing Address
_____ NRDS#	_____ City, State, Zip
_____ Staff Member	