

ST AUGUSTINE & ST JOHNS COUNTY BOARD OF REALTORS®

1789 Lakeside Avenue
St. Augustine, FL 32084
(P): 904-829-8738
(F): 904-823-9512
education@stjohnsrealtors.org

2024 SECONDARY BOARD MEMBERSHIP APPLICATION (BROKER)

Letter of Good Standing from Primary Board is required.

DATE: _____ REAL ESTATE LICENSE # _____

PRIMARY BOARD AFFILIATION: _____ NRDS#: _____

NAME: _____
(as it appears on license)

DATE OF BIRTH _____

OFFICE NAME: _____

OFFICE NRDS#: _____ OFFICE CQ LICENSE #: _____

OFFICE ADDRESS: _____
(City, State & Zip)

OFFICE PHONE NUMBER: _____ OFFICE FAX NUMBER: _____

OFFICE WEBSITE: _____

PREFERRED OFFICE CONTACT: _____ DIRECT PHONE: _____

CONTACT E-MAIL ADDRESS: _____

REAL ESTATE MAIL SENT TO: HOME _____ OFFICE: _____

DATE BEGAN IN REAL ESTATE: _____ DATE BEGAN WITH FIRM: _____

POSITION IN OFFICE: (PLEASE CIRCLE)

1. BROKER/GENERAL MANAGER, NO SELLING
2. BROKER/GENERAL MANAGER, SOME SELLING
3. SALES MANAGER, NO SELLING
4. SALES MANAGER, SOME SELLING
5. SALESPERSON

DO YOU HOLD ANY REALTOR® DESIGNATIONS (WHICH ONES): _____

DO YOU HAVE ANY RECORD OF OFFICIAL SANCTIONS INVOLVING PROFESSIONAL CONDUCT?

Yes _____ OR No _____

1. Applicant agrees as a condition of membership to become thoroughly familiar with the **CODE OF ETHICS** of the NATIONAL ASSOCIATION OF REALTORS®, The Constitutions, Bylaws, and Rules & Regulations of the St. Augustine & St. Johns County Board of REALTORS®, The State or a State contiguous thereto and National Associations, and if a REALTORS® member will abide by the **Code of Ethics** of the NATIONAL ASSOCIATION of REALTORS® including the obligation to arbitrate controversies arising out of a real estate transaction as specified by Article 14 of the **CODE of ETHICS**, and as further specified in the **CODE of ETHICS and ARBITRATION MANUAL** of the NATIONAL ASSOCIATION of REALTORS®, as from time to time amended.

2. Applicant also agrees the Board, through its membership committee or otherwise, may invite and receive information and comment about applicant from any member or other persons, and that applicant agrees that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel, or defamation of character.

The applicant with this form of application shall have access to a copy of the Bylaws, Policies, Rules & Regulations, and Code of Ethics referred to in the above.

I _____ **agree to complete the mandatory Board Orientation within 180 days of membership** to the St. Augustine & St. Johns County Board of REALTORS®. The Board Orientation will cover the Bylaws, Policies, Rules & Regulations of the St. Augustine & St. Johns County Board of REALTORS®, the Bylaws of the State Association, and the NATIONAL ASSOCIATION of REALTORS®.

I understand that my application will be presented for recommendation in writing to the Board of Directors at the next scheduled Board Meeting. I understand my annual dues shall be paid prior to the (1st) First of January. Non payment of annual dues by January 14th will incur a \$50.00 late fee. Non payment of annual dues by January 31st will incur a \$100.00 late fee. A member who has not paid there annual dues by February 15th will automatically be terminated and a \$150.00 fee will be added the annual dues for reinstatement.

APPLICANT SIGNATURE: _____

All membership fees are NON-REFUNDABLE

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2024 Secondary Membership Fee Schedule

	Mandatory Fees			Optional Fees				Totals	Totals
	Board Dues	Application Fee	Call to Action	RPAC	Get Smart*	Scholarship Fund	BOR Foundation	w/o options	w/ options
Jan	\$200.00	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$355.00	\$539.00
Feb	\$183.33	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$338.33	\$522.33
Mar	\$166.67	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$321.67	\$505.67
Apr	\$150.00	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$305.00	\$489.00
May	\$133.33	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$288.33	\$472.33
Jun	\$116.67	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$271.67	\$455.67
Jul	\$100.00	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$255.00	\$439.00
Aug	\$ 83.33	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$238.33	\$422.33
Sept	\$ 66.67	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$221.67	\$405.67
Oct	\$ 50.00	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$205.00	\$389.00
Nov	\$ 33.33	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$188.33	\$372.33
Dec	\$ 16.67	\$150.00	\$5.00	\$99.00	\$35.00	\$25.00	\$25.00	\$171.67	\$355.67

*** Get Smart is \$35 when joining or \$50 thereafter.**

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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 MULTIPLE LISTING SERVICE, INC.

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2024 MLS RECIPROCAL OFFICE APPLICATION (BROKER OFFICE)

REAL ESTATE LICENSE # _____ CQ LICENSE # _____

BROKER NAME: _____

BROKER E-MAIL: _____

OFFICE NAME: _____

Main Branch

OFFICE ADDRESS: _____

(City, State & Zip)

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

OFFICE WEBSITE: _____

PREFERRED OFFICE CONTACT: _____

DIRECT PHONE #: _____ E-MAIL: _____

I, _____ HEREBY AFFIRM AS A CONDITION OF MY MEMBERSHIP IN THE ST. AUGUSTINE & ST. JOHNS COUNTY MULTIPLE LISTING SERVICE, INC. TO ABIDE BY ALL RELEVANT BYLAWS, POLICIES, RULES, REGULATIONS AND OTHER OBLIGATIONS OF MEMBERSHIP INCLUDING THE RESPONSIBILITY OF PAYMENT TO THE PARTICIPANT OF ALL MLS 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.

RECIPROCAL MLS FEES:

NEW OFFICE APPLICATION FEE (ONE TIME CHARGE)	\$ 100.00
MEMBERSHIP APPLICATION FEE (ONE TIME CHARGE)	\$ 75.00
MLS TRAINING (MANDATORY ONE TIME CHARGE) PARAGON	\$ 65.00
MLS ANNUAL ACCESS FEE (6/1/2023 - 6/1/2024)	\$ 540.00 annual (prorated monthly)
MLS OFFICE TRANSFER FEE	\$ 15 per transfer
IDX- per feed (optional)	\$ 75.00 setup fee/ \$ 10.00 annual data access fee
ELECTIONS	NOT AVAILABLE
SEAT ON THE MLS BOARD OF DIRECTORS	NOT AVAILABLE

SIGNATURE: _____

ALL FEES ARE NON-REFUNDABLE

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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 one-time startup fee. Supra charges and 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 or 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