

MICHIGAN RECIPROCAL ACCESS APPLICATION

Print this form and complete information requested. Fax it to the appropriate fax number listed below. Your REALTOR® membership status will be confirmed by the MLS you are making application for access with. The Designated REALTOR® Participant from your office must sign this form to authorize you are an associate with the office and a member of the Board and MLS he/she has Participation with. Upon confirmation of your membership being in good standing, you will be notified that you are set up for access and instructions will be sent to you.

Requirements: Member in good standing of a Michigan Reciprocal Alliance Member Board and MLS. Access and use is subject to the terms of the Michigan Reciprocal Alliance Agreement and individual Board and MLS Policy

**REQUEST FOR ACCESS TO:
BOARD/ASSOCIATION/MLS**

	PHONE	FAX
CENTRAL MICHIGAN	(989) 773-2564	(989) 773-0193
CLARE-GLADWIN	(989) 246-0714	(989) 246-0715
EASTERN UPPER PENINSULA	(906) 632-7336	(906) 632-3033
NORTHEASTERN	(989) 728-5165	(989) 728-5873
*PAUL BUNYAN BOARD	(231) 775-2660	(231) 775-0462
*TRAVERSE AREA AOR	(231) 947-2050	(231) 947-1910
UPPER PENINSULA AOR	(906) 228-4870	(906) 228-4877
WATER WONDERLAND	(989) 732-8226	(989) 732-8231
*WEST CENTRAL	(231) 796-3640	(866) 745-2484

*** Generic Access (no form needed) call your local board for log in information**

Name of person making application: _____

NRDS#: _____ PERMANENT LICENSE#: _____

Firm you are with: _____

Name of Your Member MRA Board: _____

Y ___ N ___ Member of your Board/Association's MLS? Other: _____

In signing below, you agree to use your access with responsibility, agree not to allow your access to be used by anyone else, and agree to all policies and procedures and rules and regulations of the Board MLS service and the governance of the MRA Reciprocal Alliance agreement.

Signature of person making application: _____ Date: _____

Designated REALTOR® MLS Participant Authorization : _____

Office Address: _____ City: _____ ZIP: _____

Office Phone: _____ Office FAX: _____ Cell #: _____

Home Phone: _____ Your Email: _____

Log on: _____ (can be same as you use for your own MLS)

Password: _____ (can be same as you use for your own MLS)