



78 11th Street • Apalachicola, Fl. 32320
(850) 653-3322 • Fax (850) 653-3710
Gloria@rafgc.com • www.rafgc.com

Please have all of the following information. Applications will not be processed without it.

1. Completed application with Certified Appraiser Signature.
2. Office information including license number, phone number, and fax numbers.
3. Copy of Appraisal License
4. Copy of Office License if you are submitting an office application. (Broker's Only).
5. Check, Credit Card or Cash (applications will not be processed without payment)
6. If you are a member of another Association or Board of REALTORS®, you must bring a "Letter of Good Standing" and your NRDS I.D. # with you. These can both be obtained by contacting the Association or Board of REALTORS® where you currently hold membership.

If you have any questions or would like to set up an appointment, please call our office at (850) 653-3322 or email gloria@rafgc.com.

REALTORS® Association of Franklin & Gulf Counties

Appraiser Business Partner MLS Fees

- * Annual Business Partner fees are \$150 and pro-rated monthly according to the date on the application.**
- * MLS Fees - \$117 (quarterly)**
- * Annual MLS fees of \$468 are paid quarterly and pro-rated monthly according to the date on the application.**

Schedule for Quarterly payment of MLS Fees

Invoiced	Due	Late Fee of \$50 Assessed
December 1	January 1	January 16
March 1	April 1	April 16
June 1	July 1	July 16
September 1	October 1	October 16

Realtors[®] Association of Franklin & Gulf Counties, Inc.

78 11th Street - Apalachicola, Florida 32320

Phone: (850) 653-3322
Web Site: www.rafgc.com

Fax: (850) 653-3710
Email: Gloria@rafgc.com

APPRAISER / BUSINESS PARTNER MLS AGREEMENT*

Please Print

Name: _____

License #: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-Mail _____

Mailing Address: _____

Cell Phone: _____

Preferred Phone: Home Cell Office

I agree as a condition of participation in the MLS of the Realtors[®] Association of Franklin & Gulf Counties to abide by all relevant bylaws, rules and regulations and other obligations of participation, including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as association members, as established in the Code of Ethics and Arbitration Manual, including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other Realtors in accordance with the established procedures of the association. I understand that a violation of the Code of Ethics may result in suspension or termination of MLS rights and privileges and that I may be assessed an administrative processing fee not to exceed \$50 which may be in addition to any discipline, including fines, that may be imposed. I further agree that failure to pay MLS participation fees in a timely manner will result in discontinuation of access until such fees, including a late charge, are paid.

By signing below I consent that the REALTOR[®] Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

I request the following Password: _____
(6 to 8 characters)

Appraiser: _____ Date: _____
(Signature)

Certified Appraiser: _____ Date: _____
(Signature)

*** Application will not be processed unless it is completed entirely.**

Business Partner Information for Website

Please Print

Website: _____

About my Business: _____

By signing below I consent that the REALTORS® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____

Date: _____

*** Please send a company logo in jpeg format to gloria@rafgc.com**

***Application will not be processed unless completed entirely.**

***Membership is \$150 annually and pro-rated monthly according to the due date on the application.**