

# MARIS

1716 Hidden Creek Ct  
Suite 150  
St. Louis, MO 63131  
Ph: 314-984-9111 Fax: 314-984-8848  
[membership@marismls.com](mailto:membership@marismls.com)

## New MLS Member Application

NRDS# \_\_\_\_\_ LICENSE# \_\_\_\_\_

Name: \_\_\_\_\_ (As shown on license)  
(First) (MI) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Office Name \_\_\_\_\_ Office MLS ID \_\_\_\_\_

E-mail Address (REQUIRED): \_\_\_\_\_

**MARIS will email new member ID and password information to the email address provided.**

PRIMARY PHONE (REQUIRED)

SECONDARY PHONE

1. YES NO Does the office that holds your license want you to work as an office assistant ONLY?  
(Will not be selling, listing or showing property, only assisting entire office agents/staff)
2. YES NO Will you primarily be personally assisting an agent or team within the office that holds your license?  
(If 1 or 2 checked 'YES' inform member to contact MLS Membership staff for further assistance.)

### **MLS New Member Fee**

MLS membership requires all licensed agents and state certified appraisers to pay a \$50.00 New Member Fee. For prior members, if you have been terminated from MLS for more than 30 days, you are required to pay the new member fee.

### **MLS Membership Quarterly Fees**

**MLS quarterly fees are \$90.00 per quarter for each active agent/appraiser.** Quarterly amount due will depend on join date. Association/Board staff will determine the dues amount. MARIS policy provides for Full Quarter Refunds only.

### **Total New Member MLS Charges**

New Member Fee \$ 50.00 Quarterly Prorated Fees \$ \_\_\_\_\_

Total MLS Amount Due \$ \_\_\_\_\_

Please make checks/money orders payable to MARIS and mail to:

**MARIS**  
**P.O. Box 802776**  
**Kansas City, MO 64180**

Please use physical address (found at the top of this form) for all mailings that do NOT include a check/money order payment.

CC# \_\_\_\_\_ EXP DATE \_\_\_\_\_  
(AMEX, MasterCard, Visa, Discover)

My signature below acknowledges that I am authorizing MARIS to charge my card the above specified MLS membership fees amount. If there are any discrepancies I understand that I am to contact MARIS directly for further explanation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

AUTO PAYMENT OPTION – check box and sign below: I hereby authorize MARIS to charge the above credit card each quarter for my MLS member fees, until further written notice by me. I understand that it is my responsibility to notify MARIS of any change to my charge card, i.e., expiration date, charge card type, etc.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date