



Fresno Association of REALTORS®
CRMLS APPLICATION



SELECT:

- Principal Broker Agent Clerical Appraiser

Fresno MLS Member #

Fresno MLS Office #

APPLICANT INFORMATION

First Name Last Name

BRE License (if applicable)

Mailing Address City State Zip

Direct Office Phone Cell

Home Phone Fax

E-Mail Website

Need to transfer account info from another CRMLS account? YES NO

If yes, please fill out transfer form and provide a letter of good standing from the originating association. These forms can be found at www.fresnomls.net/wp/CRMLSMemberTransfer.pdf and www.fresnomls.net/wp/CRMLSLoGS.pdf, or request them from staff.

Broker a current member of CRMLS? YES NO

If yes please state what Association

OFFICE INFORMATION

Office Name

Office Address City State Zip

Office E-Mail Office Website

Office Phone Office Fax

GENERAL TERMS AND CONDITIONS

I agree to abide by the CRMLS Rules and Regulations.

I am responsible for the security of my login information and will not share or make it available to any person.

Applicant Signature Date

Office Broker Signature Date



**FEES AND PAYMENT INFORMATION**

CRMLS Access: \$140.00 Semi-Annually (prorated monthly)  
(Fees change on the 25<sup>th</sup> of every month)

**Payment Details**

Card Type:     Visa         MasterCard     Amex     Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I authorize the Fresno Association of REALTORS® to charge the credit card indicated above.*

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

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_