ADDENDUM C

Williamsburg Multiple Listing Service, Inc. Start and/or Transfer* Services Form AND Williamsburg Area Association of REALTORS® Transfer* Form 757-253-1559 FAX

IMPORTANT NOTE: The information on this form cannot be processed until ALL information has been completed. No exceptions can be made. If you have any questions please call 757-253-0028. *Transfer or Re-activation Fee: $50 per individual.

Payment for ($35) & completion of a three (3) hour Basic Training Class is required within (45) days of start date for continued access to the WMLS.

COMPANY INFORMATION

Effective date to start and/or transfer services:_____ (45 day training requirement begins with this "effective" date)

Company Name: _____ Phone: _____

CompanyAddress:_____ City _____ State _____ Zip_____

Principal/Managing Broker's (Participant) Name: _____

Principal/Managing Broker's (Participant) Signature: _____

***If transfering WMLS services, by signing this form (& by Master Lease Agreement signed by Broker/Participant on file at WAAR), Broker/Participant agrees to allow Subscriber to lease a SentriCard.**

SUBSCRIBER INFORMATION (REALTOR®, AUTHORIZED ASSISTANT, APPRAISER, OR STAFF)

IMPORTANT: If **starting** WMLS services all Participants, Subscribers, Appraisers, Authorized Assistants and/or Staff are required to attach a signed copy of Addendum "B" **LICENSE AGREEMENT** to acquire and maintain access to the WMLS database.

1. Name *(please print)*: _____

   Designations: ABR ☐ CCIM ☐ CRB ☐ CRS ☐ CSP ☐ GRI ☐ SRES ☐ OTHER ☐ _____

2. R.E. License #_____ Exp. Date:_____ Appraiser's License # _____ Exp. Date:_____

3. Are you transferring from another real estate office? Yes☐ No ☐ If Yes, are you currently receiving a WMLS IDX Link? Yes☐ No ☐

   If "Yes", name of previous real estate office:_____

4. Do you currently hold (or have ever held) REALTOR® membership with a local Association? Yes☐ No ☐

   If "Yes", which Association? _____ National Realtor Database System (NRDS)#_____

5. Are you an office staff person? Yes ☐ No ☐ Are you an "Authorized Assistant"? Yes ☐ No ☐ If Yes, whose Assistant? _____

6. Home Address: _____City _____State _____ Zip _____

7. Home Phone: _____ Voice Mail#: _____ Fax #:_____ Cell Phone _____

8. Preferred Business Email Address: _____ Website Address: _____

9. Birthday (Optional): _____ SS#(Optional): _____

10. Preferred Mailing/Billing Address (choose only one) ☐Home ☐Office

11. Preferred Phone Number (choose only one) ☐Home ☐Mobile ☐Office ☐Voice Mail

SUBSCRIBER Signature_____

(Signatures indicates acceptance of the WMLS/WAAR policy stating that the subscriber/participant is responsible for the $35 Class payment & a $50 transfer/re-activation fee if applicable.)

OFFICE USE ONLY: FLEX Login ID: _____ FLEX Class Scheduled Date: _____ Transfer Fee (WAAR/WMLS) _____ Rapattoni _____ Emailed User Confirmation _____

Revised 1.17.13