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## VAIL BOARD OF REALTORS® 2019 NEW OFFICE APPLICATION

The Designated Realtor®/Managing Broker is to fill out the membership application and return to the Vail Board of Realtors® Office with the following:

### 1. Vail Board of Realtors®

Fees for Vail Board of Realtors® Primary and Secondary Members:

One-time VBR Office Application fee for a new office:

- **\$600** for 1<sup>st</sup> office,
- **\$350** for each additional branch office

If paying by check, please make the check payable to the Vail Board of Realtors® (VBR)  
We also accept credit cards for payment

### 2. Multi-List Service:

Fees for Vail Board of Realtors® Primary and Secondary new office:

One-time MLS Office Application fee for a new office:

- **\$600** for first 1<sup>st</sup> office
- **\$350** for each branch office

### 3. Fees for MLS Only Members:

- **\$2,000** for first 1<sup>st</sup> office
- **\$2,000** for each branch

\*NOTE: I do not want Board Membership in the Vail Board of Realtors®. I understand that I must be a Primary Member of another Board in Colorado to be eligible for MLS ONLY membership.

If paying by check 2 & 3, please make the check payable to the Vail MLS  
We also accept credit cards for payment

### Other Requirements:

- Photocopy of Colorado Real Estate license of either the Employing Broker or Managing Broker
- Managing Brokers are required to complete a Procuring Cause course once in a three-year cycle (2017 – 2019)



APPLICATION FOR 2019 REALTOR® NEW OFFICE

To the Vail Board of REALTORS® (VBR), I hereby apply for 2019 Realtor® New Office in the above-named Board and am enclosing my check in the amount of \$600 for a one-time VBR application fee payable to the Vail Board of Realtors® and \$600 for a one-time VMLS application fee payable to the Vail MLS. My application fees will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of Realtors®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above-named Board, the State Association and the National Association. I understand membership brings certain privileges and obligations that require compliance. I understand that I will be required to complete periodic Code of Ethics and Procuring Cause training as specified in the association’s bylaws as a continued condition of membership.

Office Name: \_\_\_\_\_

Realtor® Name: \_\_\_\_\_

Colorado Real Estate License #: \_\_\_\_\_

Colorado Licensed/certified appraiser: [ ] Yes [ ] No Colorado Appraisal License #: \_\_\_\_\_

Office Physical Address: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Residence Physical Address: \_\_\_\_\_

Residence Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred Mailing: [ ] Home [ ] Office Preferred Phone: [ ] Home [ ] Office

Office Website: \_\_\_\_\_

Company information: [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] LLC (Limited Liability Company)

Your position: [ ] Principal [ ] Partner [ ] Corporate Officer [ ] Branch Office Manager

Names of other Partners/Officers of your firm: \_\_\_\_\_

Is the Office Address, as stated, your principal place of business? [ ] Yes [ ] No

If not, or if you have any branch offices, please indicate and give address: \_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Vail Board of Realtors® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Vail Multi-List Service, Inc. Multiple Listing Service Subscriber Fee Waiver

Vail Multi-List Service, Inc. (“VMLS”) provides participants of the option of a waiver of fees, dues, and charges for certain licensees or licensed or certified appraisers affiliated with the participant as described in the VMLS Rules and Regulations – Section 6.1 Subscriber Fee Waivers (“Fee Waiver Policy”).

This waiver shall be effective as of the signature date below until December 31, 2019.

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1. Participant certifies that the individual(s) listed in Exhibit A (the “Waived Licensee(s)”) is(are) affiliated with me and is(are) eligible for a waiver of fees, dues, and charges because the Waived Licensee maintains a subscription to a different MLS where Participant also participates, as detailed in Exhibit A.
  2. Participant shall not permit Waived Licensees to access or use any services of VMLS, as described in VMLS Rules and Regulations, at any time. Any access or use of any VMLS services by a Waived Licensee constitutes a violation of the Fee Waiver Policy, which will result in an automatic revocation of this waiver for the individual Waived Licensee, and fees and penalties as described in the Fee Waiver Policy.
  3. Participant shall immediately notify VMLS in the event it becomes aware of any Waived Licensee accessing or using the services of VMLS in violation of the Fee Waiver Policy.
  4. Participant agrees that Participant shall respond within 72 hours to any compliance inquiry by VMLS regarding any of its listings and licensees.
  5. Participant consents to VMLS communicating with other MLSs to verify licensees’ subscription status.
  6. Participant certifies that the information provided in this form is accurate and correct.

\_\_\_\_\_  
Firm/Company Name

\_\_\_\_\_  
Name (Type/Print) of MLS Participant

\_\_\_\_\_  
Signature of MLS Participant

\_\_\_\_\_  
Date

