



MLS DUES WAIVER REQUEST

Date: _____

Company Name: _____ (Company)

Company Location/Branch: _____ (Location)

Waiver Request For: _____ (Individual)

Individual Contact E-mail: _____

Individual Work Phone: _____

Individual hereby requests that Company be exempt from payment of dues and fees to Northwest Arkansas Board of REALTORS® MLS (the Service) for individual who is employed by or is affiliated with Company who is not licensed to nor engaged in listing, sales, leasing, renting, managing, or appraisal of real property.

Individual acknowledges that he/she is NOT exempt from the Rules and Bylaws of Northwest Arkansas Board of REALTORS® MLS. Broker/Office Manager is responsible for distributing/explaining the current Rules and Bylaws to the Individual.

Individual acknowledges that in the event this exemption is approved by Northwest Arkansas Board of REALTORS® MLS, said exemption will be in effect until the end of the current billing cycle, at which time said exemption will be due for renewal. If individual obtains an Arkansas Real Estate or Appraiser License during the Exemption Period, the exemption shall be automatically revoked and Company shall be responsible for payment of MLS dues and fees for the individual for the Exemption Period.

Individual is:

_____ A non-licensed Staff Member _____ Other (please specify)
_____ An Office/Property Manager _____
_____ A non-licensed RE Assistant If RE Assistant, for whom? _____
_____ A Salaried Employee _____

Is this Individual replacing a former Staff, RE Assistant, Office/Property, or Salaried member? (YES)____(NO)____
If yes, please provide the name and MLS ID of the member being replaced: _____

Does the Individual hold an active Real Estate license? (YES) _____ (NO) _____

Does the Individual need access to add/edit listings for the office? (YES) _____ (NO) _____

The Company and the Individual are responsible for notifying Northwest Arkansas Board of REALTORS® MLS of any changes, including staff changes and changes in licensing levels, or any other changes that may affect the status of this Waiver within five days of those changes.

Individual has read and agreed to the conditions of the Waiver.

Individual Signature Date

Participant Signature Date