



## MLS DUES WAIVER REQUEST

**PLEASE EMAIL COMPLETED, SIGNED REQUEST TO [MLS@NWAREALTORS.ORG](mailto:MLS@NWAREALTORS.ORG)**

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 a 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.

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) \_\_\_\_\_

If RE Assistant, for whom? \_\_\_\_\_

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.

Parties have read and agreed to the conditions of the Waiver.

\_\_\_\_\_  
Individual Signature Date

\_\_\_\_\_  
Participant Signature Date