



314 N. Goad Springs Road, Lowell, Arkansas 72745
479-770-0241 Phone
www.nwarealtors.org

MLS PARTICIPATION AGREEMENT FOR APPRAISAL OFFICES

Office Name: _____
Office Address: _____
Billing Address: _____
Phone Number: _____ Fax Number: _____
MLS Participant: _____
MLS Participant Email Address: _____
Office Manager (if applicable): _____
Office Manager Email Address: _____
Lead Appraiser: _____
Lead Appraiser Email Address: _____
Primary Board of REALTORS®: _____

I agree as a condition of participation in the MLS to abide by the Rules & Regulations and meet other obligations of participation including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the board/association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

In accordance with their bylaws, I agree to notify the Northwest Arkansas Board of REALTORS® of any changes to my appraiser roster within five days of change in license status.

Signature of MLS Participant: _____ Date: _____

Signature of Lead Appraiser: _____ Date: _____

Please list the name of each licensed appraiser in your office*:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

Please list the name of each appraiser trainee in your office*:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

** Please attach additional sheets as needed.*

In accordance with their bylaws, I agree to notify the Northwest Arkansas Board of REALTORS® of any changes to my appraiser roster within five days of change in license status.

Signature of MLS Participant: _____ Date: _____

Signature of Lead Appraiser: _____ Date: _____