

MICHIGAN RECIPROCAL ACCESS APPLICATION

Print this form and complete information requested. Fax it to the appropriate fax number listed below. Your REALTOR® membership status will be confirmed by a member of staff you are making application for access with. Upon confirmation of membership in good standing, you will be notified that you are set up for access and instructions will be sent to you. 2008 Requirements: Member in good standing of a Michigan Reciprocal Alliance Member Board and MLS. Access and use is subject to the terms of the Michigan Reciprocal Alliance Agreement and individual Board and MLS policy. REQUEST FOR INDIVIDUAL MRA ACCESS FOR THE FOLLOWING ASSOCIATIONS WHO DO NOT USE A GENERIC LOG IN AND PASSWORD FOR YOUR ACCESS:

BOARD/ASSOCIATION/MLS	PHONE	FAX
<input type="checkbox"/> ALPENA-ALCONA-PRESQUE ISLE	now merged with Water Wonderland Board of REALTORS®	
<input type="checkbox"/> ANTRIM-CHARLEVOIX-KALKASKA AND EMMET ASSOCIATIONS (NMICH MLS)	(231) 347-0700	(231) 347-8710
<input type="checkbox"/> CENTRAL MICHIGAN	(989) 773-2564	(989) 773-0193
<input type="checkbox"/> CLARE-GLADWIN	(989) 246-0714	(989) 246-0715
<input type="checkbox"/> EASTERN UPPER PENINSULA	(906) 632-7336	(906) 632-3033
<input type="checkbox"/> NORTHEASTERN	(989) 728-5165	(989) 728-5873
<input type="checkbox"/> SHIAWASSEE REGIONAL	(989) 723-4672	(989) 723-5959
<input type="checkbox"/> UPPER PENINSULA (Western)	(906) 228-4870	(906) 228-4877
<input type="checkbox"/> WATER WONDERLAND	(989) 732-8226	(989) 732-8231

PAUL BUNYAN, TRAVERSE AREA AND WEST CENTRAL, JACKSON, GRAND RAPIDS AND SWMRIC USE GENERIC SINGLE USERNAME AND PASSWORD FOR GUEST ACCESS. We will distribute the monthly passwords to you through the MLS Paragon Message of the day. The user name doesn't change.

Name of person making application: _____

NRDS#: _____ PERMANENT LICENSE#: _____

Cell Phone: _____ Your Email: _____

Firm holding your license: _____

Name of Your Member Board/Association : _____
(Must be a member board/association of Michigan Reciprocal Alliance)

By signing below, you agree to use your access with responsibility, agree not to allow your access to be used by anyone else, and agree to all policies and procedures and rules and regulations of the Board MLS service and the governance of the MRA Reciprocal Alliance agreement.

Signature: _____ Date: _____

Designated REALTOR'S Name and Signature: _____

Office Address: _____ City: _____ ZIP: _____

Office Phone: _____ Office FAX: _____

Log on: _____ (can be same as you use for your own MLS - no SS#)

Password: _____ (can be same as you use for your own MLS - no SS#)

Revised 4/23/10

Staff Entry Person: _____ Membership Verified: _____ Date Applicant Notified: _____