

# 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 the MLS you are making application for access with. Upon confirmation of your membership being in good standing, you will be notified that you are set up for access and instructions will be sent to you.**

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 ACCESS TO:

BOARD/ASSOCIATION/MLS	PHONE	FAX
<input type="checkbox"/> ALPENA-ALCONA-PRESQUE ISLE	(989) 356-3772	(989) 356-5128
<input type="checkbox"/> ANTRIM-CHARLEVOIX-KALKASKA AND EMMET ASSOCIATIONS	(231) 347-0700 (231) 347-0700	(231) 347-8710 (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"/> TRAVERSE AREA	CALL (231) 775-2660 FOR ACCESS INFO	
<input type="checkbox"/> WATER WONDERLAND	(989) 732-8226	(989) 732-8231
<input type="checkbox"/> WEST CENTRAL	CALL (231) 775-2660 FOR ACCESS INFO	
<input type="checkbox"/> PAUL BUNYAN WEXFORD-MISSAUKEE MLS	(231) 775-2660	(231) 775-0462
<input type="checkbox"/> PAUL BUNYAN ROSCOMMON MLS	(231) 775-2660	(231) 775-0462

Name of person making application: \_\_\_\_\_

NRDS#: \_\_\_\_\_ PERMANENT LICENSE#: \_\_\_\_\_

Firm you are with: \_\_\_\_\_

Name of Your Member MRA Board: \_\_\_\_\_

\_\_\_Y \_\_\_N Member of your Board/Association's MLS? Other: \_\_\_\_\_

In 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. **DISCLAIMER:** MRA Data Sharing is for informational purposes only. It does NOT constitute any offers of cooperation and/or compensation.

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

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office FAX: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

Log on: \_\_\_\_\_ (can be same as you use for your own MLS)

Password: \_\_\_\_\_ (can be same as you use for your own MLS)  
(We recommend you do not use your Social Security # for access)

**Staff Entry Person:** \_\_\_\_\_ **Membership Verified thru:** \_\_\_\_\_ **(MRA Board staff name)**

**Application and Set up Completed and Applicant notified by FAX on:** \_\_\_\_\_ **(date)**