



St. Cloud Area
Association of
REALTORS®

Application for NorthStarMLS Access

Date: _____

Please check which one of the following applies to you...

- Broker—Designated REALTOR®** **Agent—REALTOR®** **Appraiser**

Name: _____

Office Name: _____ Office MLS ID #: _____

Preferred Mailing Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone: (_____) _____ Cell Office Home
Required

Phone # 2: (_____) _____ Cell Office Home
Optional

Phone # 3: (_____) _____ Cell Office Home
Optional

E-mail address: _____
Required

MN RE License Number: _____ License Issue Date: _____
(or Appraiser License if Applicable)

You will be assigned a Log in ID # for accessing NorthStarMLS. This will be e-mailed to you, once your application has been processed.

By signing below, you agree to abide by the Rules and Regulations of the Regional Multiple Listing Service of Minnesota, Inc. Current version of Rules available at www.NorthStarMLS.com

Signature: _____ Date: _____

Revised 1/1/14