

SCAAR KEYHOLDER/AGENT RECIPROCAL KEY PROGRAM AGREEMENT

Primary Association

First Name

Middle Initial

E-Mail

Last Name

Cell Phone #

Home Phone #

Keyholder ID

NRDS #

_____ (if different than Keyholder number)

Status

Office Name or ID

Type (Agent or Affiliate)

Address

City, State, Zip

Phone #

Fax #

Key Serial #

PIN #

Key Type: **DisplayKEY** **E-key**

I agree to abide by the Rules and Regulations of the Greater

Alexandria Area Association of REALTORS®, and I understand that I assume sole responsibility for following the Electronic Key update procedures for each market where my key has been activated. *I also understand that by signing this form that this does not provide for unilateral cooperation and compensation between real estate brokers.* Cooperation and compensation can be attained by joining the MLS for that specific market, and/or by contacting individual brokers to make arrangements.

Agent Signature: _____

Date Received: _____

AE Signature _____

KIM Update Phone Number: **1-888-968-4032**