



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: (_____) _____
Required

Cell

Office

Home

Phone # 2: (_____) _____
Optional

Cell

Office

Home

Phone # 3: (_____) _____
Optional

Cell

Office

Home

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: _____