



**SOUTH CENTRAL MULTIPLE LISTING SERVICE**

2104 B. West Third Street

P.O. Box 302

Farmville, VA 23901

Phone 434/392/9995 FAX 434/392/5809

**SOUTH CENTRAL ASSOCIATION OF REALTORS@  
Broker MLS Application**

Enclosed please find my check in the amount of One hundred forty dollars (\$140.00) for membership in the South Central Multiple Listing Service. This consists of a \$100 one time Broker Fee, and \$40.00 for my first month's MLS Dues.

Company Name, Address and Phone Number

Email:

Principal Broker

Please List the names and home phone numbers of members of firm that will be using the MLS.

Please list names of members of firm that will apply for waiver.

Number of Exclusive Listings that I will be initially submitting.

I HAVE READ THE "RULES AND REGULATIONS OF THE SOUTH CENTRAL  
MLS" AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
Signature of Principal Broker

\_\_\_\_\_  
Date of Application