

ELKHART COUNTY BOARD OF REALTORS®
57225 Alpha Dr., Goshen, IN 46528
PHONE: 574-875-3283 FAX: 574-875-7174
<http://www.ecbor.com> email: members@ecbor.com

COMP SERVICE MEMBERSHIP APPLICATION

The Comp Service Membership through the Elkhart County Board of REALTORS® offers the applicant limited access to historical data, such as sold information and to the tax database. The applicant agrees to pay the fees listed below and agrees that resale of this data in any form is grounds for immediate termination of service. Data is for the exclusive use of the individual applicant and is not to be shared. The Elkhart County Board of REALTORS® requires a 30-day written notice to inactive the Comp Service membership.

APPLICANT INFORMATION

Applicant Name: _____

Office _____

Name _____

Office _____

Address _____

Office _____

Phone _____ Fax: _____

Home Phone _____ Voice _____

Mail _____

E-Mail _____ Website _____

Primary Board _____ NRDS _____

COMP SERVICE ACCESS & FEES

Comp Service Members will have access to the MLS sold data, integrated tax data and MLS internal e-mail capabilities. Comp Service Members will also receive a quarterly sold book that can either be picked up at the Board office or mailed at the member's expense. Please check the appropriate blanks below regarding payment and comp book handling.

\$200 Set-Up Fee

\$175.50 per quarter payable annually or quarterly in advance – please select payment method below:

_____ I will pay annually. Enclosed is my nonrefundable payment in the amount of \$902.00. (includes set-up fee)

_____ I will pay quarterly. Enclosed is my nonrefundable payment in the amount of \$375.00. (includes set-up fee)

_____ Yes, I want my comp book mailed and I understand I will be billed for the postage.

_____ No, don't mail the comp book, I will pick-it up at the Board Office.

_____ I won't require a comp book.

By signature below, the Elkhart County Board of REALTORS® and the MLS of Elkhart County, Inc. is authorized to fax material advertising the commercial availability or quality of any property, goods, services deemed appropriate to the fax number listed above.

Signature _____

Date _____

ECBOR/MLS OFFICE USE ONLY

Add to Magic: _____ Paragon _____ Office # _____

Add to Comp Service Roster: _____ Member # _____

