

## SUBSCRIBER APPLICATION (Licensee; Associate Broker, Salesperson)

- Your office must be a Participant in OneKey® MLS before you can subscribe
- There is a yearly MLS Licensee fee for all Sales Associates/Associate Brokers.
- There is a Subscriber Start-up Fee of \$200.00
- Upon termination from MLS for any reason, I understand that payment of MLS Fees is non-refundable.
- Please enclose a copy of your current NY State Real Estate License

DO NOT SHARE YOUR MLS ID# AND/OR PASSWORD WITH ANYONE. The disclosure of the MLS ID# and/or Password to any person or entity would be a violation of the Subscriber Agreement and could result in termination of MLS Services.

| I hereby apply for a su  | ubscription to OneKe  | y® MLS.  |   |  |   |  |  |  |
|--|---|--|---|--|---|--|--|--|
| I am a member of:  Long Island Board of REALTORS®, Inc.,  Hudson Gateway Association of REALTORS® or  Other: |   |  |   |  |   |  |  |  |
|  |   |  |   |  |   |  |  |  |
| Name:  |   |  |   |  |   |  |  |  |
| (As appears on F   | Real Estate License - First   | , Middle, Last)  |   |  |   |  |  |  |
| Office Name:   |   |  |   |  |   |  |  |  |
| Office Street Mailing Ad   | dress   | City   |   | State  | Zip   |  |  |  |
| Home Mailing Address   |   | City   | Stat  | e Z  | Zip   |  |  |  |
| *Email Address (REQUIF   | RED):   | Per  | sonal Web Address:  |  | <del> </del>  |  |  |  |
| Office Ext #:  | Home Phone #:   | · · · · · · · · · · · · · · · · · · ·  | * Cell # (REQUIRED):  |  |   |  |  |  |
| Preferred Mailing:   | Office Home   | Preferred Conta  | nct Phone: Office H   | ome Cell   |   |  |  |  |
| Applicant Signature:   |   |  |   |  |   |  |  |  |
|  |   |  |   | Date   |   |  |  |  |
| (MFA) as an additional lay<br>unique code sent to your p<br>and federal laws/regulation                      | er of security. MFA helps<br>hone or email. All person<br>as and used solely for auti | protect your account by requ<br>al information collected for I<br>hentication. We value your p | acknowledge and agree to the unifing multiple forms of verificate MFA purposes will be handled arrivacy and are committed to safet application. Once processe | tion, such as a p<br>securely, in com<br>afeguarding you | assword and a<br>apliance with all state<br>r data. |  |  |  |
| with instructions on how to  |   |  | , p   | , , , = = 2301   |   |  |  |  |
| EOD OFFICE LISE ONLY   | V: Mombor #:  | Office #:  | Payment Amount:   | -  | lato:   |  |  |  |



One Maple Avenue, White Plains, NY 10605



## **SUBSCRIBER APPLICATION – Payment Page 2024**

## MLS Fees are Non-Refundable

| Month: December 2023  |                                 | \$11.67 + \$175 for <b>2</b>     | <b>024</b> + \$200 Start-up      | fee Total                        | \$386.67                         |                                  |  |  |  |
|---|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|--|--|
| Month   | January                         | February                         | March                            | April                            | May                              | June                             |  |  |  |
| Amount  | \$175+<br>\$200 Start-up fee    | \$160.42 +<br>\$200 Start-up fee | \$145.83 +<br>\$200 Start-up fee | \$131.25 +<br>\$200 Start-up fee | \$116.67 +<br>\$200 Start-up fee | \$102.08 +<br>\$200 Start-up fee |  |  |  |
| Total   | \$375.00                        | \$360.42                         | \$345.83                         | \$331.25                         | \$316.67                         | \$302.08                         |  |  |  |
| Month   | July                            | August 24                        | September                        | October                          | November                         | December                         |  |  |  |
| Amount  | \$87.50 +<br>\$200 Start-up fee | \$72.92 +<br>\$200 Start-up fee  | \$58.33 +<br>\$200 Start-up fee  | \$43.75 +<br>\$200 Start-up fee  | \$29.17 +<br>\$200 Start-up fee  | \$14.58 +<br>\$200 Start-up fee  |  |  |  |
| Total   | \$287.50                        | \$272.92                         | \$253.33                         | \$243.75                         | \$229.17                         | \$214.58                         |  |  |  |
| Subscriber Name:    Please Print  |                                 |                                  |                                  |                                  |                                  |                                  |  |  |  |
| Print Name:   |                                 |                                  |                                  | Date:                            |                                  |                                  |  |  |  |
| Email application to: Membership@HGAR.com - OR - Fax application to: 914 • 681 • 6044  OR - Mail application to: One Maple Avenue, White Plains, NY 10605 |                                 |                                  |                                  |                                  |                                  |                                  |  |  |  |

Office Use

Member #: \_\_\_\_\_

One Maple Avenue, White Plains, NY 10605