



## State-Wide Multiple Listing Service, Inc. SUBSCRIBER AUTHORIZATION

Please email completed form, signed by MLS Participant to [membership@rirealtors.org](mailto:membership@rirealtors.org). Page 2 (Subscriber Agreement Form) is required for all new Affiliations, Re-Affiliations or Transfers. **A copy of Real Estate license is required for all New Subscribers.** Please allow 24-48 hours for all changes.

### Subscriber's Personal Information:

Name: \_\_\_\_\_ MLS ID: \_\_\_\_\_  
(New Subscribers, leave blank)

Listing Phone #: \_\_\_\_\_  
(This number will appear on listings in addition to the office phone number)

\*Email Address: \_\_\_\_\_ \*Will Appear on Listings  
(New Agents will receive their ID # and enrollment link emailed to this address)

If applicable, REALTOR® Board Membership: \_\_\_\_\_ NRDS#: \_\_\_\_\_  
Name of board

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Additional License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Type of Change: (choose one)

☐ New MLS Subscriber  
Date of Association: \_\_\_\_\_

☐ Disaffiliated Subscriber  
Termination Date: \_\_\_\_\_

☐ Re-affiliated Subscriber with office  
Date: \_\_\_\_\_

☐ Transferred Subscriber  
Transfer Date: \_\_\_\_\_

### Office Information: (Please fill in your office information completely)

Office Name: \_\_\_\_\_ MLS OFFICE ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

**By my signature, I certify that the RI Dept. of Business Regulations has been notified of the above licensee change.**

PRINT NAME OF MLS PARTICPANT

SIGNATURE OF MLS PARTICPANT

DATE

If you have any questions, please contact MLS Member Services at 401-785-9898 option 2.

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## State-Wide Multiple Listing Service, Inc. SUBSCRIBER AGREEMENT

Subscriber (Licensee) Name: \_\_\_\_\_

PLEASE PRINT

Office Name: \_\_\_\_\_ MLS Office ID: \_\_\_\_\_

Upon receipt of this signed agreement, MLS will e-mail you with an ID and **confidential** password for access to *MATRIX* along with information on free MLS Classes. This form can be emailed to [membership@rirealtors.org](mailto:membership@rirealtors.org) or faxed to 401-941-5320.

**SUBSCRIBER'S AGREEMENT TO BE BOUND:** Subscriber agrees that in utilizing the service of State-Wide MLS, Inc. in any manner will comply with the Rules and Regulations and the policies of State-Wide MLS as established or as amended from time to time to the Subscriber on the MLS website – [www.rirealtors.org](http://www.rirealtors.org).

**CONFIDENTIALITY OF MLS INFORMATION:** A Subscriber's right to utilize information is limited to those activities authorized to the Participant's office with which said Subscriber is affiliated; said information shall not be used or made available to any non-MLS individuals or firms, nor be used by the Subscriber for any real estate activity outside of the Participant's office. These are deemed to be unauthorized uses.

**SUBSCRIBERS DUTIES:** Subscriber understands and agrees that use of information developed by or published by Service is strictly limited to the activities authorized under a Participant's license(s) and unauthorized uses are prohibited.

**Please note that there is a \$1,000 fine for providing your confidential login credentials to a non-subscribers!** MLS employs an advanced monitoring system which tracks access abuse and automatically applies a range of enforcement actions based on the respective threat level.

### Subscriber Fees:

One-time Activation fee ( <b>NEW</b> Subscribers only)	\$125.00
Monthly MLS Fee- billed in advance	\$35.00

State-Wide MLS does not bill licensees (Subscribers) directly and so encourages your participation in the automatic payment of your MLS fees through Direct Pay. Direct Pay participation facilitates timely payments, circumvents the accumulation of late fees and prevents suspension of MLS service to the office for past due invoices. Member invoices are paid each month in advance of billing to the office.

Please sign and date below indicating that you have read and understand this information. Upon receipt of this signed form, MLS will email you with your ID and password. This form can be emailed to [membership@rirealtors.org](mailto:membership@rirealtors.org) or faxed to 401-941-5320.

\_\_\_\_\_  
SUBSCRIBER (LICENSEE) SIGNATURE

\_\_\_\_\_  
DATE

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