



HGMLS Agent Board of Choice Access Form

Mr Mrs Ms

Mail Preference: Home Office

Name of Agent: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____ Office Ext#: _____ Personal Fax#: _____
(other than office)

Email: _____

Personal Web Address: _____

NY Real Estate License #: _____ Expiration Date: _____

Applicant MUST Hold Valid NYS Salesperson, Associate Broker or Appraiser License, Please Include Copy With Application

Name of Office: _____ Office Code: _____

Office Address: _____

I agree to abide by and be subject to the Rules and Regulations (as may be amended from time to time) of the Hudson Gateway Multiple Listing Service, Inc.

Agent Signature: _____ Date: _____

MLS access codes will be issued via email once your application has been processed. These codes are for your use ONLY. Providing your access codes to ANYONE is a violation of HGMLS policy.

Broker Acknowledgement Required

I am aware that the agent, whose name appears above, has requested a subscription to the Hudson Gateway Multiple Listing Service and acknowledge my responsibility for oversight.

In the event that the Broker wishes to have the office manager of a branch office assume the responsibility for subscribers from their particular branch only, said Broker shall so notify HGMLS, and that branch office manager shall also subscribe to HGMLS services.

Broker/Responsible Designee Name: _____

PLEASE PRINT

Broker Signature: _____ Date: _____

Board in Which Agent's REALTOR Membership is Held: _____

NRDS#: _____

MUST include the following with application:

- A letter of good standing from your Primary Board of REALTORS
- **\$95** Annual HGMLS Agent Access Fee

Total Payable to HGMLS: \$ **95.00** _____ Check Enclosed: # _____

_____ Charge to my VISA, MasterCard, Discover or American Express:

Card #: _____ Exp: _____

Print Name: _____

Signature of Cardholder: _____ Date: _____

FAX TO: 914-681-6044 or 845-294-3414

Application – Agent Board of Choice 3/16

OR EMAIL Membership@HGAR.com

Member # _____
For Office Use Only

Hudson Gateway Association of REALTORS®
Hudson Gateway Multiple Listing Service, Inc.

One Maple Avenue
White Plains, NY 10605
914.681.0833 Telephone

9 Coates Drive, Suite 1
Goshen, NY 10924
845.294.7905 Telephone

2 Medical Park Drive, Suite 17A
West Nyack, NY 10994
845.735.0075 Telephone

HGAR.com

914.681.6044 Fax



HGMLS Orientation

In accordance with Section 12:0 of the Rules & Regulations of the Hudson Gateway Multiple Listing Service: Any applicant for HGMLS Participation and any licensee affiliated with an HGMLS Participant who desires access to HGMLS-generated information shall complete if offered by HGMLS, an orientation program within thirty (30) days after access has been provided, which program shall consist of no more than eight (8) classroom hours devoted to the HGMLS Rules and Regulations and the operation of HGMLS.

Rules & Regs 9:30am-11:30am

Matrix 1: Intro to Matrix 12:30pm-3:45pm

Please check the Orientation you wish to attend from the available dates below:

- Date: **Tuesday, July 5, 2016**
Time: **9:30am to 3:45pm**
Location: **Orange** - 9 Coates Drive, Suite 1, Goshen, NY 10924
- Date: **Tuesday, July 12, 2016**
Time: **9:30am to 3:45pm**
Location: **Westchester** - One Maple Avenue, White Plains, NY 10605
- Date: **Friday, August 5, 2016**
Time: **9:30am – 3:45pm**
Location: **Rockland** - 2 Medical Park Drive, Suite 17A, West Nyack, NY 10994
- Date: **Thursday, August 11, 2016**
Time: **9:30am to 3:45pm**
Location: **Westchester** - One Maple Avenue, White Plains, NY 10605
- Date: **Thursday, September 1, 2016**
Time: **9:30am to 3:45pm**
Location: **Orange** - 9 Coates Drive, Suite 1, Goshen, NY 10924
- Date: **Tuesday, September 13, 2016**
Time: **9:30am to 3:45pm**
Location: **Westchester** - One Maple Avenue, White Plains, NY 10605
- Date: **Tuesday, October 4, 2016**
Time: **9:30am – 3:45pm**
Location: **Rockland** - 2 Medical Park Drive, Suite 17A, West Nyack, NY 10994
- Date: **Wednesday, October 12, 2016**
Time: **9:30am to 3:45pm**
Location: **Westchester** - One Maple Avenue, White Plains, NY 10605
- Date: **Tuesday, November 1, 2016**
Time: **9:30am to 3:45pm**
Location: **Orange** - 9 Coates Drive, Suite 1, Goshen, NY 10924
- Date: **Wednesday, November 9, 2016**
Time: **9:30am to 3:45pm**
Location: **Westchester** - One Maple Avenue, White Plains, NY 10605
- Date: **Thursday, December 1, 2016**
Time: **9:30am – 3:45pm**
Location: **Rockland** - 2 Medical Park Drive, Suite 17A, West Nyack, NY 10994
- Date: **Tuesday, December 13, 2016**
Time: **9:30am to 3:45pm**
Location: **Westchester** - One Maple Avenue, White Plains, NY 10605

I will attend the above MLS orientation

Name: _____
PLEASE PRINT

Signature: _____ Date: ____ / ____ / ____

FAX TO: 914-681-6044 or 845-294-3414
OR EMAIL Membership@HGAR.com

Member # _____ For Office Use Only

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