



New Member MRED Registration (Formerly known as MLSNI)

FEES: We invite you to join **MRED** through your NICAR membership. MRED fees are \$300.00 for the calendar year January 1, 2010 – December 31, 2010, and fees are pro-rated. Upon receipt of your payment, we will register you with MRED and contact you with your agent ID number and password.

As you know, NICAR has been privileged to offer our members the services of MRED. MRED has by-laws and a Board of Directors, just like the Illinois Association of REALTORS® by-laws, that require an office where any one person joins or subscribes to the organization; all in the **office must join.**

TRAINING: Free MRED training is available to all registered agents. Contact Tammy at 630/955-2754 for class information. Classes are held at the MRED office at 2443 Warrenville Road, Suite 510, Lisle (in the Westwood Office Complex).

Please indicate the applicable enrollment date and payment schedule below:

FULL YEAR RATE for 2010: \$300.00

Check here if your company is a Non MLS office.
NEW Office set up fee: \$400.00 (No pro-ration)
(One time only fee)

<u>Enroll by:</u>	<u>Your Payment</u>	<u>Enroll by:</u>	<u>Your Payment</u>
<input type="checkbox"/> January	\$ 300.00	<input type="checkbox"/> July	\$ 150.00
<input type="checkbox"/> February	\$ 275.00	<input type="checkbox"/> August	\$ 125.00
<input type="checkbox"/> March	\$ 250.00	<input type="checkbox"/> September	\$ 100.00
<input type="checkbox"/> April	\$ 225.00	<input type="checkbox"/> October	\$ 75.00
<input type="checkbox"/> May	\$ 200.00	<input type="checkbox"/> November	\$ 50.00
<input type="checkbox"/> June	\$ 175.00	<input type="checkbox"/> December	\$ 25.00

Name: _____ **Company:** _____

License number: _____ **NRDS number:** _____

Office Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Office Phone: _____ **Office Fax:** _____

Email: _____ **Website:** _____

Home Address (Mandatory, required by NAR) _____

City: _____ **State:** _____ **Zip Code:** _____

Who is the Designated REALTOR® for your company? (Please provide only one name)

Please check your agent type:

- Designated REALTOR® REALTOR® Sales Licensee
- Office Manager REALTOR® Assistant
- Office Secretary (one comp per REALTOR® office only)
- Designated Appraiser REALTOR® Appraiser Assistant REALTOR®

PAYMENT:

Check Enclosed (payable to NICAR) Visa or MasterCard (No other Credit cards accepted)

Card Number: _____ Expiration date: _____

Cardholder name: _____ Signature: _____

**NICAR, 214 N. Hale Street, Wheaton, IL 60187 Phone: 630-510-4566 or Fax: 630-510-4501
Website: www.nicar.com**