

**MULTIPLE LISTING SERVICE OF ELKHART COUNTY, INC.**  
**57225 Alpha Drive**  
**Goshen, IN 46528**  
[www.ecbor.com](http://www.ecbor.com)

**AFFILIATE ELECTRONIC KEY SERVICE APPLICATION**

INDIVIDUAL NAME: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Street City State Zip

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

**Please answer the following questions:**

1. Are you an Affiliate Member of the Elkhart County Board of REALTORS®?  Yes  No  
Or, are you in the process of making application?  Yes  No
2. Are you an Affiliate member with Greater South Bend/Mishawaka Association of REALTORS®?  Yes  No
3. Do you intend to use your South Bend KeyPad?  Yes  No
4. Are you insured?  Yes  No Bonded?  Yes  No

Insurance Company: \_\_\_\_\_  
Name Address Phone

5. Recommendations from 3 MLS Participants (Managing Brokers) from different offices who are members of the MLS of Elkhart County.

Printed Name: MLS Participant	Office Name	MLS Participant Signature
Printed Name: MLS Participant	Office Name	MLS Participant Signature
Printed Name: MLS Participant	Office Name	MLS Participant Signature

Upon approval by the Multiple Listing Service of Elkhart County Board of Directors, I agree to sign the MLS Key Lease Agreement and abide by the Rules and Regulations set forth by that agreement. I understand and agree that by signing below I will be the only person authorized to use the Key Service. I attest, by signature below, the information provided above is true and correct.

\_\_\_\_\_  
Printed Name Signature Date