

EXHIBIT A

PIKES PEAK REALTOR® SERVICES CORP. PIKES PEAK MULTIPLE LISTING SERVICE

PARTICIPATION AGREEMENT

The undersigned, the Realtor principal or Designated REALTOR® (DR) or Designated Appraiser (DA) of

_____ (company name), with primary membership in

the _____ (Board/Association of REALTORS®), agrees to participate in the Pikes Peak Multiple Listing Service (PPMLS).

I certify that I have read and fully understand the Rules and Regulations of the PPMLS. I further certify that I will abide by the Pikes Peak Multiple Listing Service Rules and Regulations now in effect or which may be hereafter adopted for the operation of the PPMLS.

I certify that I am a Colorado licensed Realtor principal or Designated REALTOR® capable of making blanket unilateral offers of cooperation and compensation to other Participants (acting either as brokers, buyer brokers, or transaction brokers), or that I am a Colorado licensed Designated Appraiser. I further agree to arbitrate any dispute with other Participants arising out of the use of the PPMLS as provided by the Bylaws of the Pikes Peak REALTOR® Service Corp. I understand that a violation of the PPMLS Rules may result in termination of my PPMLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

As the PPMLS Participant, I agree to be responsible for the payment of all PPMLS fees, including but not limited to PPMLS Participation Fees for individuals in the above office. I further agree that nonpayment of PPMLS fees may result in termination of service in accordance with the PPMLS Rules and Regulations. I understand that the Colorado licensed brokers or sales licensees, appraisers or administrative staff affiliated with this office are allowed access, upon my registration of their names with the PPMLS, to the PPMLS through my participation and that no other person or entity is permitted to use this service through my participation.

Initial: _____ Listing Content and County Records

Dated at Colorado Springs, Colorado this _____ day of _____, _____.

Name of REALTOR® Principal or Designated REALTOR®/Participant:

(please print)

Signature _____

Colorado License Number _____ Last four digits of Social Security Number _____

Broker Number _____ (as assigned by Primary Board/Assoc.)

Company Name _____

Company Address _____

Company Telephone Number: (_____) _____ - _____

Do you have any disabilities which require special accommodations, including provision of auxiliary aids or services? If so, please identify your special needs. _____

From the time of receipt of all completed documentation, please allow two business days to process your application.

STAFF USE ONLY: Assigned to Broker ID# _____, Slsm ID# _____