



MLS Plus Participant

Non-REALTOR® option to gain access to the MLS through Midwest Real Estate Data, LLC (MRED) & Heartland REALTOR® Organization (HRO)

Participant's Information:

Name: _____ License #: _____ State: _____

Cell Phone: _____ Do you want this phone number in the MLS? ☐ Yes ☐ No

Email: _____

Office Information:

Office Name: _____ Office Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position in Office: ☐ Agent OR ☐ Broker/Managing Broker – Are you the Responsible Member? ☐ Yes ☐ No

If yes, please also submit the **MRED/HRO Subscription Agreement & MLS**

Participant Verification Form – [View/Download PDF](#)

(initial service charge is waived)

Billing

\$250 per Quarter

\$750 Setup Fee per Office

\$250 Setup Fee per Agent¹

By signing below, you agree you are an actively licensed Real Estate Broker or Agent and that you agree to pay applicable Setup Fee(s) and \$250 per Quarter² to access the MLS through MRED and Heartland.

Signature: _____ Date: _____

Submit this form with a copy of your real estate license to info@HeartlandRO.com.

Setup fee + 1st quarter fees must be paid before access will be granted.

HEARTLAND REALTOR® ORGANIZATION

405 E Congress Pkwy, Suite A • Crystal Lake, IL 60014

(815) 459-0600 • info@HeartlandRO.com

www.HeartlandRO.realtor

¹Waived for offices with 10+ participating agents.

²Credit/debit card must be provided for automatic payment.



Credit Card Participation Agreement – For Automatic Payment

I, hereby, authorize the Heartland REALTOR® Organization to automatically charge my credit or debit card listed below for [**CHECK ONE OR BOTH**]:

___ Applicable MLS fees, Association dues/fees, and any other related charges, **on a recurring basis**, based on my selected billing cycle (monthly, quarterly, or annually)*

AND/OR

___ \$450 Application fee, or \$50 Transfer fee, and other dues/fees owed at time of application

Name: _____ Heartland ID: _____
(IF UNKNOWN, LEAVE BLANK)

Name on Card: _____
(IF DIFFERENT)

Card #: _____ - _____ - _____ - _____ Exp: _____ / _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Ph: _____

Signature: _____ Date: _____

* Terms: By selecting to be automatically charged, you are authorizing Heartland to charge your credit/debit card for all future dues and fees. You may discontinue automatic payments at any time by notifying Heartland at info@HeartlandRO.com. Payments are run on the 25th of the month, or the following business day, if the 25th falls on a weekend/holiday. If your card is rejected for any reason, you will be notified by email. You are responsible for ensuring your account balance is paid by the last day of the month. No refunds will be granted once the payment period begins.

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