



Brokerage Admin Assistant Subscriber Application Form

APPLICANT

First Name	Last Name
Email	Contact Number
*MIBA #:	*Member Board I.D. #

*To be filled by MREB

BROKERAGE

Brokerage Name	Brokerage Code
Office Address	
City	Postal Code
Office Phone	Office Fax

As the responsible Broker of Record, I certify that the above-named administrator is not a licensed REALTOR® and is employed by this firm. I am approving their access to The Mississauga Real Estate Board (MREB) MLS® System (Matrix).

Initial Here:

I will notify the Board Office when this employee is no longer employed by me for the immediate de-activation of the login and password signature. I also understand that failure to follow these procedures will result in a fine of \$100.00 per administrator

Initial Here:

I understand that I, the Broker of Record, am responsible for the \$60.00 (+HST) annual billing per Administrator to access the MREB MLS® System (Matrix) and any activation/de-activation fees that may occur. I further understand that these fees are non-refundable.

Initial Here:



I understand that I will be liable for any unauthorized usage of the MREB MLS® System (Matrix) as outlined in the MREB Rules & Regulations.

Initial Here:

I understand that I will be charged a “one time” activation fee for Scout for SAFEACCESS™ at a cost of \$50.00 (+HST)

Initial Here:

The Scout for SAFEACCESS™ platform has effective, artificial intelligence for tracking and identifying shared logins as well as an automated remediation process to deal with accounts violating this policy.

Failure to comply with this provision may result in the account being flagged and the matter being referred to the Professional Standards Committee (PSC) for possible disciplinary action against the offending Administrator(s) and Broker of Record, which may include a maximum fine of \$3,000.00 and loss of access.

Brokerage Admin Signature

Date

OR

Broker of Record/Manager (Print Name)

Broker / Manager Signature

Date

Charges and Payment Information



Credit Card Authorization

Credit Card Authorization	
Brokerage Name	
Member Name (please print)	
Name on Credit Card	
Amount	\$
MREB Use:	Authorization Number:
Signature Authorization I authorize MREB to process this credit card payment Card Holder's Signature	
Important Card Holder	
Please provide a contact number to reach you directly	Phone #
Credit Card Information will be destroyed and not stored at MREB	
Card Type (please enter Mastercard or Visa)	
Card Number	
Expiry Date	Month <input style="width: 50px; height: 20px;" type="text"/>
	Year <input style="width: 50px; height: 20px;" type="text"/>

Fax: 905-608-9988

Email: membership@mreb.ca

Phone #: 905-608-6732