

**COOPERATIVE ARKANSAS REALTORS® MULTIPLE LISTING SERVICES, INC.
(CARMLS)**

MARKETING CONSENT FORM

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: (____) _____

Fax Number: (____) _____

Email: _____

I understand that by providing above my mailing address, email address, telephone number(s), and fax number(s), I consent to receive communications sent from the Cooperative Arkansas REALTORS® Multiple Listing Services, Inc. (CARMLS), the Arkansas REALTORS® Association, and the National Association of REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s).

Signature: _____

Date: _____