



MEMBER PARTICIPANT REQUEST FOR CMLS

Phone: 704-940-3110 Fax: 704-940-3101

Email: membership@carolinahome.com

\$500.00 for firm to join CMLS

\$225.00 per quarter

Name (as shown on license): _____

Nickname: _____ License number: _____ Broker or Certified Appraiser (circle one)

Do you hold licenses (active or inactive) other than the one listed above? Yes No If yes, please list.

Type of license held _____ State licensed in _____ License No. _____

Firm name: _____

Address of firm: _____

Business phone: _____ Business fax: _____ Phone to appear in MLS: _____

Company Information: Sole Proprietor Partnership Corporation Limited Liability Company (LLC)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers of your firm: _____

Primary Business Purpose: General Brokerage Land Development Appraisals Other (*please describe*)

Home address: _____

Home phone: _____ Home fax: _____ Cell phone: _____

E-mail: _____ Web site: _____

The Charlotte Regional Realtor® Association/CMLS reserves the right to object to any company name or Web site name proposed by a current or potential member, which name in the association/MLS's sole discretion is confusingly similar to any name used in commerce by the association/MLS and that may leave the public confused.

MEMBER PARTICIPANT ACKNOWLEDGEMENT:

I understand that in accordance with the Carolina Multiple Listing Services, Inc. (CMLS) Bylaws, I must hold Realtor® status, and I must be a principal, partner, corporate officer, trustee, or broker-in-charge of a branch office in the above named firm and hold an active broker's or certified appraiser's license in the state of North Carolina and/or South Carolina. I acknowledge that I am responsible for completely reading the CMLS Bylaws and Rules and Regulations, and as a condition of my continuing membership, I agree to fully adhere to and comply with each, make prompt payment of all charges and fees now and hereafter, and pay the monthly service fee which is billed on a quarterly basis one month ahead of the quarter and due by the 15th day of the first month of the quarter. Realtors® who are not Charlotte Regional Realtor® Association members and participate in CMLS through another Realtor® association are subject to the National Association of Realtors® (NAR) Code of Ethics on the same terms and conditions as association members.

Further, as an express condition of becoming a Member of the CMLS, I irrevocably waive and release any possible right that I may have to bring any cause of action or claim for libel, slander or defamation that might possibly arise from the filing of any report against me for an alleged violation of CMLS Rules or Regulations and/or the filing or consideration of any arbitration request or any ethics complaint that may be brought against me by any Member of the Charlotte Regional Realtor® Association (Association) or by the Grievance Committee of the Association.

Upon termination of membership for any cause, I will immediately stop using the designated CMLS service mark of NAR and return to the CMLS all materials related to or indicating membership in the service.

I understand that CMLS automatically assumes that all licensed individuals affiliated with my firm have access to and utilize the service and, therefore, I am required to have each agent subscribe to the service. Also, I understand that all licensed individuals in my firm must abide by the CMLS Bylaws and the Rules and Regulations. I further understand that if a licensed individual affiliated with this firm does not have access to, or does not utilize the service, that I may apply for a waiver which would exempt that particular individual from subscribing to the service.

By signing below, I consent that the Realtor® association with which I am affiliated (local, state, and national) and their subsidiaries, if any (e.g. MLS) may contact me at the specified address, telephone numbers, fax numbers, e-mail address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the association(s) in the future. This consent recognizes that certain state and federal law may place limits on communication that I am waiving to receive all communications as part of my membership.

Name (print): _____

Signature: _____ Date ____/____/____

Method of Payment: Check Visa MC
 Discover Money Order **Card#** _____ **Exp:** _____