



SUBSCRIBER REQUEST FOR CAROLINA MULTIPLE LISTING SERVICES

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

PERSONAL INFORMATION:

1. Name (as shown on license): _____ Nickname: _____
2. License Number: _____ Provisional Broker Broker Appraiser (circle one) D.O.B. _____
3. Do you hold any licenses (active or inactive) other than the one listed above? ___ Yes ___ No
If yes, please state below.
Type of license held _____ State licensed in _____ License No. _____
4. Firm name: _____ Office Code : _____
5. Address of firm: _____
6. Business phone: _____ Business fax: _____ Cell phone: _____
7. Home address: _____
8. Home phone: _____ Home fax: _____ **Phone No. to appear in MLS** _____
9. Preferred mailing address (check one): _____ Office _____ Home
10. E-mail: (Required) _____ Web site: (If Applicable) _____

The Charlotte Regional Realtor® Association/MLS reserves the right to object to any company name or Web site name proposed by a current or potential member, which 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.

Are you a Realtor® member of the Charlotte Regional Realtor® Association or any other Realtor® association or in the process of joining an association? ___YES ___NO (If no, please read and sign non-member restrictions section on back.)

If you hold Realtor® membership or have non-member assessment fees paid for you through an association other than the Charlotte Regional Realtor® Association, please indicate your primary board association.

Cabarrus Gaston Lincoln Union York Commercial Other: _____

MEMBER PARTICIPANT AUTHORIZATION FOR SUBSCRIBER:

I, _____ request Carolina Multiple Listing Service for
_____ who is with my firm.

Member participant signature: _____ Date ___/___/___

Agent/subscriber signature: _____ Date ___/___/___

BY SIGNING ABOVE, I (SUBSCRIBER) CONSENT THAT THE REALTOR® ASSOCIATION (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 OR OTHER MEANS OF COMMUNICATION AVAILABLE. THIS CONSENT APPLIES TO CHANGES IN CONTACT INFORMATION THAT MAY BE PROVIDED BY ME TO THE ASSOCIATION IN THE FUTURE. THIS CONSENT RECOGNIZES THAT CERTAIN STATE AND FEDERAL LAWS MAY PLACE LIMITS ON COMMUNICATIONS THAT I AM WAIVING TO RECEIVE ALL COMMUNICATIONS AS PART OF MY MEMBERSHIP.

NON-MEMBER RESTRICTIONS:

Licensed real estate agents who elect not to join the Charlotte Regional Realtor® Association or any other Realtor® association and who subscribe to the Carolina Multiple Listing Service are reminded that they are prohibited from:

- Use or display of the registered trademark designation Realtor® or Realtors® on business cards, stationary, etc. The designation of Realtor® may be used in conjunction with your company's name. However, the Realtor® logo MAY NOT appear anywhere on your business cards. This would likewise hold for any type of advertising including the use of a name-rider to a sign.

I have read and understand that the above restrictions apply as long as I remain a non-member.

Signed: _____ Date ___/___/___

Printed name: _____

SUBSCRIBER ACKNOWLEDGEMENT

I understand that in accordance with the Carolina Multiple Listing Services, Inc. (CMLS) Bylaws, I must hold a valid North Carolina or South Carolina real estate salesman or broker license or I am a North Carolina or South Carolina licensed or certified appraiser, and am affiliated with a Member Participant of the CMLS. I acknowledge receipt of copies of the CMLS Bylaws and Rules and Regulations, each of which I am responsible for reading completely and as a condition of my continuing subscription, I agree to fully adhere to and comply with each. I further agree to make prompt payment of all charges and fees now and hereafter, and pay monthly service fees, which are billed on a quarterly basis one month ahead of the start of the quarter and are due by the 15th day of the first month in the quarter. (ie. billed December 1 for first quarter - January, February and March. Payment due by January 15.)

Realtor® members of the Charlotte Regional Realtor® Association as well as Realtors® who are not association members and participate in CMLS through the association are also subject to the Code of Ethics on the same terms and conditions as association members.

I acknowledge that I have read, understood and agree to the above:

Signature Date

Name Printed Date

Method of Payment: ___ Check ___ Money Order ___ Visa ___ MC
Card # _____ Exp. ___/___

Signature of Card Holder _____

Please Print Name as shown on Card _____

CMLS Fee Schedule

First Quarter:	<u>Billed:</u> Dec 1 for Jan, Feb, March	DUE: Jan 15 th by 5:00 PM
Second Quarter:	<u>Billed:</u> March 1 for April, May, June	DUE: April 15 th by 5:00 PM
Third Quarter :	<u>Billed:</u> June 1 for July, Aug, Sept	DUE: July 15 th by 5:00 PM
Fourth Quarter:	<u>Billed:</u> Sept 1 for Oct, Nov, Dec	DUE: Oct 15 th by 5:00 PM