



Phone 704-940-3110

Fax 704-940-3101

MEMBER PARTICIPANT REQUEST FOR CMLS

PERSONAL INFORMATION:

Name (as shown on license): _____

License number: _____ Broker or Certified Appraiser (circle one) S.S.#: _____

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: _____ Cell phone: _____

Home address: _____

Home phone: _____ Home fax: _____

E-mail: _____ Web site: _____

CRRA/CMLS reserves the right to object to any company name or Website name proposed by a current or potential member, which name in CRRA/CMLS's sole discretion is confusingly similar to any name used in commerce by CRRA/CMLS and that CRRA/CMLS believes would leave the public confused.

MEMBER PARTICIPANT ACKNOWLEDGEMENT:

I understand that in accordance with the 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. I acknowledge receipt of copies of the CMLS bylaws, rules and regulations, each of which I am responsible for reading completely, 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 CRRA are subject to the code of ethics on the same terms and conditions as CRRA members.

Upon termination of membership for any cause, I will immediately stop using the designated CMLS service mark of the National Association of Realtors® and return to the Carolina Multiple Listing Services, Inc. all materials related to or indicating membership in the service.

I am designating and certifying all licensed individuals affiliated with this firm by attaching a list to this form of those individuals by name. I understand that CMLS automatically assumes that all licensed individuals in my firm (as indicated in the attached list) 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 (as indicated in the attached list) must abide by the CMLS Bylaws and the Rules and Regulations. I further understand that if a licensed individual affiliated with this firm (as indicated in the attached list) does not have access to or does not utilize the service, that I may apply for a waiver which, if recommended by the CMLS Board of Directors, would exempt that particular individual from subscribing to the service.

By signing below, I consent that the Realtor® Association I am affiliated with (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 ____/____/____

Fees: \$500.00 to join firm to CMLS \$65.00 per month in member participant fees

