



Address: P.O . Box 36479 Canton, OH 44735-6479
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CRIS – Wayne/Holmes Reciprocal Application
(All Data Submitted is Held in Confidence for CRIS Purposes)

If you are joining CRIS as a new member and qualify for the Wayne/Holmes reciprocal discount, this form must be submitted with or shortly after CRIS has received your completed User Application.

In order to be eligible for a reduction in semi-annual participation fees under the CRIS/Wayne County Reciprocity Agreement, you must meet the following requirements:

1. The office which holds your license must be within Wayne/Holmes primary jurisdiction.
2. You must be a full dues paying member of the Wayne/Holmes Association (WHAR).
3. Your account with Wayne/Holmes must be in good standing.

If you meet the above requirements and submit this application, your current annual participation fees for CRIS will be reduced by one half off the normal participation fee. For agents/brokers who already belong to WHAR and decide to join CRIS as a secondary MLS, the application fee for CRIS will be waived and dues will be \$120 per year. The discount will be prorated for new members from the month they submit their application until the end of the current billing cycle as you will see on the attached scheduled. Additionally, if you are an agent, the designated REALTOR® or broker from your office must also join CRIS prior to your application being accepted.

All questions must be answered in full prior to processing this application or it will be returned.

Name: _____ Phone #: _____

Address: _____

E-mail Address: _____ Cellular: _____

Company Name: _____ Business Phone: _____

Company Address: _____

Please list all Board(s) / Association(s) in which you are a member in good standing:

I certify that I met the (3) requirements listed above and therefore qualify for a discount on my semi-annual CRIS participation fee. I understand that CRIS will contact Wayne County at each new billing period to verify that I still meet the requirements to be eligible for the CRIS/Wayne County Reciprocity discount.

Date: _____ Signature of Applicant: _____