



**CENTRALIZED REAL ESTATE
INFORMATION SERVICES, INC.**
P.O. Box 36479 Canton, Oh 44735
1-800-434-0MLS

LICENSED/CERTIFIED APPRAISER APPLICATION FOR MEMBERSHIP

I, _____, attesting that I am an active Licensed/Certified Appraiser member of the _____ Board/Association of REALTORS®, hereby request participation in the Centralized Real Estate Information Services, Inc. (CRIS).

My signature below certifies that I have read and understand all the regulations governing all phases of CRIS as contained in the CRIS Bylaws and Rules and Regulations and hereby agree to abide by these and any other Rules, Regulations, Policies and Procedures as may be adopted by CRIS. I also agree that my act of applying for membership shall evidence my initial and continuing commitment to abide by the Code of Ethics and my Board/Association's Constitution and By-Laws and the duty to arbitrate business disputes in accordance with the Professional Standards Procedural Provisions Code of Ethics and Arbitration Manual of my Board/Association and the Constitution and By-Laws of the Ohio Association of REALTORS® and the National Association of REALTORS®.

A Letter of Good Standing from the Licensed/Certified Appraiser's primary Board/Association of REALTORS® along with the Membership Reporting Form completed by the Licensed/Certified Appraiser must accompany the final approved version of the Certificate of Continuation issued by the Ohio Division of Real Estate.

I understand that in the event that I leave CRIS, voluntarily or involuntarily, that I am obligated to return all materials identified as belonging to CRIS. Such materials include all current and comparable books, supplements and exclusive listing (right to sell) agreements.

I irrevocably waive any and all claims against CRIS or any of its officers, directors, members, employees or participants as to its or their acts in denying participation or in suspending, expelling or otherwise disciplining me as a participant.

_____ Licensed/Certified Appraiser Signature		_____ File Number
_____ Firm Name		_____ Company Number
_____ Address		
_____ City	_____ State	_____ Zip
_____ Phone	_____ Fax	_____ Date
Number of licensees on roster who have access to or use of the Service _____		

(For CRIS Office Use Only)	
Application Received _____	Entry Fee \$ _____
Application Approved _____	Received _____
Office Number _____	Office Code _____