



# CENTRALIZED REAL ESTATE INFORMATION SERVICES, INC.

P.O. Box 36479 Canton, Oh 44735  
1-800-434-0MLS

## REALTOR® BROKER APPLICATION FOR MEMBERSHIP

I, \_\_\_\_\_, attesting that I am an active Designated REALTOR®/Broker member of the \_\_\_\_\_ Board/Association of REALTORS®, hereby acknowledge my 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®.

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.

\_\_\_\_\_  
Designated Broker 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 \_\_\_\_\_  
Application Approved \_\_\_\_\_  
Office Number \_\_\_\_\_

Entry Fee \$ \_\_\_\_\_  
Received \_\_\_\_\_  
Office Code \_\_\_\_\_