



**Address:** P.O . Box 36479 Canton, OH 44735-6479

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## NORMLS/CRIS – Reciprocal Application

(All Data Submitted is Held in Confidence For all Purposes)

If you are joining CRIS as a new member and qualify for the CRIS reciprocal discount this form must be submitted with a copy of your license and then submitted to CRIS.

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

1. The office that holds your license must be outside the CRIS jurisdiction.
2. You must be a full dues paying member of NORMLS.
3. Your account with NORMLS 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 to \$120 per year (\$60 semi-annually). You also will not have to pay the CRIS application fee (if you are a new reciprocal member and have in error paid application fees to both NORMLS and CRIS you will have 30 days to notify CRIS for reimbursement) Billing monthly to your designated Broker. Additionally, if you are an agent, the designated REALTOR® or broker from your office must also join CRIS MLS 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: \_\_\_\_\_ Voice Mail: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_