



**CENTRALIZED REAL ESTATE
INFORMATION SERVICES, INC.**

P.O. Box 36479 Canton, Oh 44735

1-800-434-OMLS

REALTOR® BROKER APPLICATION FOR MEMBERSHIP

I, _____, attesting that I am an active Designated
REALTOR®/Broker 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 Designated REALTOR®'s primary Board/Association of REALTORS® along with the Membership Reporting Form completed by the Designated REALTOR® 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.

_____		_____
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 _____	Entry Fee \$ _____
Application Approved _____	Received _____
Office Number _____	Office Code _____



CENTRALIZED REAL ESTATE INFORMATION SERVICES, INC.

P.O. Box 36479 Canton, OH 44735
1-888-494-OMLS or 330-376-0015

CERTIFIED APPRAISER APPLICATION FOR MEMBERSHIP

I, _____, attesting that I am an active 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 Certified Appraiser's primary Board/Association of REALTORS along with the Membership Reporting Form completed by the 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 irrevocable 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.

Certified Appraiser Signature

State File Number

Firm Name

Company Number

Address

City

State

Zip Code

Phone Number

Fax Number

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 _____



**CENTRALIZED REAL ESTATE
INFORMATION SERVICES, INC.**

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

NON-REALTOR® BROKER APPLICATION FOR MEMBERSHIP

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.

A properly completed CRIS Membership Reporting Form must accompany this application along with the final approved version of the Certificate of Continuation issued by the Ohio Division of Real Estate.

I understand that by signing this application, I further acknowledge that I have no record of official, unsatisfied sanctions involving unprofessional conduct as a previous member of a REALTOR Board/Association.

_____		_____	
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 _____			

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(For CRIS Office Use Only)

Application Received _____	Entry Fee \$ _____
Application Approved _____	Received _____
Office Number _____	Office Code _____

FOR CRIS USE ONLY

Date Received _____
Fees Paid _____
Check # _____
Office # _____
MLS ID# _____



CENTRALIZED REAL ESTATE INFORMATION SERVICES, INC.

c/o CAS • PO Box 36479 • Canton, OH 44735-6479

Phone 330-376-0015 • Fax 330-494-2359 • Outside Akron (toll free) 888-434-0657

NORMLS RECIPROCAL DISCOUNT APPLICATION

(ALL DATA SUBMITTED IS HELD IN CONFIDENCE)

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

In order to be eligible for a reduction in annual participation fees under the CRIS/NORMLS Reciprocity Agreement, you must meet the following three (3) requirements:

1. The office which holds your license must be within the NORMLS 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 semi-annual participation fee will be reduced by \$50, a \$100 annual savings. The discount will be prorated for new members from the month they submit their application until the end of the current billing cycle. If you have already paid the current semi-annual participation fee, a credit will automatically be applied towards your account. Credits will not be given for past billing periods.

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

- Cleveland Area Board of REALTORS®
- Lake County Board of REALTORS®
- Lorain County Association of REALTORS®
- Medina County Board of REALTORS®
- Geauga County Association of REALTORS®
- _____
- _____

Name _____ File Number _____
(Last) (First) (Middle Initial)

Company Name _____ Phone# _____

Company Address _____
(Street) (City) (Zip)

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

Date _____ (Signature of Applicant)

If you have any questions regarding membership or billing, please contact CRIS Administrative Services at 376-0015 ext. 1 or toll free (outside Akron) at 888-434-0657 ext. 1.