

MEMBER PARTICIPANT REQUEST FOR CANOPY MLS

Phone: 704-940-3110 Fax: 980-556-7803 Email: membership@carolinahome.com \$600 for firm to join Canopy MLS \$225 per quarter

Name (as shown on license):			
Nickname:	License number:	Broker or Cert	ified Appraiser (circle one)
Do you hold licenses (active or in	active) other than the one listed	above?Yes	No If yes, please list.
Type of license held	St	ate licensed in	License No.
Firm name:			
Address of firm:			
			Firm License No:
Business phone:	_ Fax: Phon e	e to appear in MLS:	
Company Information: [] So	ole Proprietor [] Partnership [] Corporation [] Limited	d Liability Company (LLC)
Your position: [] Principal	[] Partner [] Corpora	ate Officer [] Branc	ch Office Manager
Names of other Partners/Officers	of your firm:		
Primary Business Purpose: []	General Brokerage [] Land D	evelopment [] Apprais	als [] Other (please describe)
List the reason(s) for requesting a	access to Canopy MLS (check a	II that apply)	
[] List/Sell/Buy/Auction or Offer brokerage	to List/Sell/Buy/Auction for self/o	thers and to potentially ol	btain an IDX feed for my real estate
[] Negotiate the purchase or sa	ale or exchange of real estate for	self/others	
[] Leases or Offers to Lease for	r self/others [] Sells or Offers	s to Sell Leases of whatev	ver character for self/others
[] Rents or Offers to Rent any r	eal estate or the improvement th	ereon for self/others	
[] Appraisal of real property	[] To obtain an IDX feed – r	no intention of listing, selli	ing real estate etc.
[] To obtain a feed which facilities	ates the creation of an AVM or o	ther product for consume	rs
[] For investment purposes only	y [] To gain information to	generate referrals	
Check all that apply:			
[] I have attached proof that a N	NC privilege or SC business licer	nse has been obtained or	applied for.
[] I have included a copy of my	NC or SC firm license as issued	by the real estate commi	ission.
[] I have been declared Broker-	-in-Charge (BIC) by the NCREC	and have attached a copy	y of my BIC Declaration.
[] I have registered a DBA (Doi Commission and provided a copy		ith the proper governing b	pody including my NC or SC Real Estate
	the name of the real estate firm a		al Association of Realtors [®] through another gh which Realtor [®] membership has been
[] My office is a franchisee of a supporting documentation.	national Real Estate franchise.	Please name the franchis	se organization and provide a copy of

Home address:								
Home phone:		Home fax:	:		Cell p	hone:		
E-mail:	Web site:							
The Canopy Realtor® Asso by a current or potential m used in commerce by the	ember, which	name in th	e Associa	tion/MLS's so	le discretio			
MEMBER PARTICIPANT A	CKNOWLEDO	<u> SEMENT:</u>						
I understand that in accordan officer, trustee, or broker-in-certified appraiser's license is and/or South Carolina Real acknowledge that I am respond y continuing membership, hereafter, and pay the month of the first month of the quaranother Realtor® association medical conditions as association medical conditions.	charge of a brancher of the state Commisonsible for com lagree to fully service feeter. Realtors are subject to	anch office in North Carolir ssion definition pletely reading adhere to an which is bille who are no	n the above na and/or S on of a bro ing the Car nd comply ed on a qua t Canopy F	e named firm an South Carolina. ker-in-charge (I nopy MLS Byla with each, mak arterly basis on Realtor® Associa	nd hold an and I also under BIC) and haws and Rule e prompt page month aheation membe	ctive broker's, prestand that I mus we been declared as and Regulation ayment of all chat and of the quarted ars and participa	operty management or t meet the North Carolina d as such. I further ns, and as a condition of rges and fees now and ar and due by the first day te in Canopy MLS through	
Further, as an express condi- have to bring any cause of a for an alleged violation of C complaint that may be brou Committee of the Associatio	ction or claim t anopy MLS R ight against n	for libel, sland ules or Regu	der or defa ulations an	mation that mig d/or the filing o	ht possibly a	arise from the fili ion of any arbitr	ng of any report against me ation request or any ethic	
Upon termination of member return to the Canopy MLS al						Canopy MLS se	rvice mark of NAR and	
I understand that Canopy MI and appraisal trainees) affilia complete an orientation prog Regulations" and computer t	ated with an M ram of no mo	LS Member le than eight	Participant classroom	who has acces hours. The orie	ss to and use entation is d	e of MLS-genera evoted to the "C	ated information to anopy MLS Rules and	
I understand that Canopy MI service and, therefore, I am firm must abide by the Cano affiliated with the Member Pa Compliance (\$100) fine will be understand that if a licensed for a waiver which would executed the control of the canonic of the ca	required to ha py MLS Bylaw articipant's firn pe assessed if individual affil	ve each ager is and the Ru n apply to Ca the appropri liated with thi	nt subscrib ules and Re anopy MLS iate paperv is firm does	e to the service egulations. Fail upon affiliation vork is not reces not have acces	e. Also, I unure of a Mer is a Catego ived within cess to, or do	nderstand that all mber Participant ory I violation. A cone week of notifies one week of notifies not utilize the	I licensed individuals in my to ensure that all licensees Category I Non- ication. I further service, that I may apply	
By signing below, I consent any (e.g. MLS) may contact communication available. The future. This consent recall communications as part of	me at the spec nis consent ap ognizes that co	cified addres oplies to char ertain state a	s, telephor	ne numbers, fax ntact informatior	numbers, en that may b	e-mail address or e provided by m	r other means of e to the association(s) in	
Name (print):								
Signature:							_ Date/	
For Office Use Only								
Method of Payment:	Check	Visa	MC	Discover _	AMX	Money Orde	r	
Card#:					Exp:			
Signature of card holder:								