

MEMBER PARTICIPANT REQUEST FOR CANOPY MLS

Phone: 704-940-3110 Fax: 980-556-7803 Email: membership@canopyrealtors.com FEES: \$600 one-time NEW Firm Start-up | \$225 per quarter

This request is for: ____ New Firm ____Change in Existing Firm Member Participant Individual applying as Firm Member Participant (as shown on license, print):_____ _____ Licensure State: NC SC Lic. Type: Real Estate Appraiser License # (primary): Do you hold additional R.E. and/or Appraisal licenses (active or inactive) other than the one listed above? Licensure State: Type: Real Estate Appraiser ____ Firm License No: ___ FIRM Name: Firm Address: __ Firm phone #: _____ Other Phone # (ie 800#)_____ Fax: _____ __ Firm Website:____ Firm E-mail: Company Information: [] Sole Proprietor [] Partnership [] Corporation [] Limited Liability Company (LLC) [] Principal/Owner [] Partner [] Corporate Officer [] Branch Office Manager/BIC Your position: Names of Partners/Officers of your firm: Primary Business Purpose: [] General Brokerage [] Land Development [] Appraisals [] Other (please describe) List the reason(s) for requesting access to Canopy MLS (check all that apply) [] List/Sell/Buy/Auction or Offer to List/Sell/Buy/Auction for self/others and to potentially obtain an IDX feed for my real estate brokerage [] Negotiate the purchase or sale or exchange of real estate for self/others [] Leases or Offers to Lease for self/others [] Sells or Offers to Sell Leases of whatever character for self/others Rents or Offers to Rent any real estate or the improvement thereon for self/others [] Appraisal of real property [] To obtain an IDX feed – no intention of listing, selling real estate etc. [] To obtain a feed which facilitates the creation of an AVM or other product for consumers [] For investment purposes only [] To gain information to generate referrals Check all that apply: 1 I have attached proof that a NC privilege or SC business license has been obtained or applied for. [] I have included a copy of my NC or SC firm license as issued by the real estate commission. [] I have been declared Broker-in-Charge (BIC) by the NCREC and have attached a copy of my BIC Declaration. [] I have registered a DBA (Doing Business As), if applicable, with the proper governing body including my NC or SC Real Estate Commission and provided a copy. My office is considered a branch office of a real estate firm established with the National Association of Realtors® through another Realtor® association. Please list the name of the real estate firm and the association through which Realtor® membership has been established and provide a copy of supporting documentation. [] My office is a franchisee of a national Real Estate franchise. Please name the franchise organization and provide a copy of supporting documentation.

MP applicant Name as you would like it to ap	pear in MLS (ie, N	ickname):		
Home address:				
Home phone:				
Preferred Phone (to appear in MLS):O	fficeCell _	Other ()
E-mail:	 	Web site:		
The Canopy Realtor [®] Association/Canopy by a current or potential member, which na used in commerce by the Association/MLS	ame in the Assoc	iation/MLS's sole dis	scretion is confusingly	
MEMBER PARTICIPANT ACKNOWLEDGE	MENT:			
I understand that in accordance with the Candofficer, trustee, or broker-in-charge of a branch management or certified appraiser's license in North Carolina and/or South Carolina Real Esfurther acknowledge that I am responsible for condition of my continuing membership, I agrinow and hereafter, and pay the monthly servifirst day of the first month of the quarter. Reathrough another Realtor® association are subjected.	ch office in the name of the state of North state Commission of completely reading ee to fully adhere to doe fee which is bill altors® who are no	ned firm on this applicant Carolina and/or Sout definition of a broker-ing the Canopy MLS By to and comply with eacted on a quarterly basist Canopy Realtor® Ass	ation and hold an active be hearolina. I also unders necharge (BIC) and have all aws and Rules and Regon, make prompt payments one month ahead of the sociation members and p	proker's, property tand that I must meet the been declared as such. ulations, and as a it of all charges and fees e quarter and due by the articipate in Canopy MLS
Further, as an express condition of becoming have to bring any cause of action or claim for for an alleged violation of Canopy MLS Rule complaint that may be brought against me Committee of the Association.	libel, slander or de s or Regulations a	famation that might po and/or the filing or con	essibly arise from the filing sideration of any arbitra	g of any report against me tion request or any ethics
Upon termination of membership for any caus return to the Canopy MLS all materials related				rice mark of NAR and
I understand that Canopy MLS requires any a and appraisal trainees) affiliated with an MLS complete the Canopy MLS <i>Get Started</i> new n Regulations" and computer training related to	Member Participa nember orientation	nt who has access to a . The orientation is de	and use of MLS-generate voted to the "Canopy ML	ed information to S Rules and
I understand that Canopy MLS automatically service and, therefore, I am required to have firm must abide by the Canopy MLS Bylaws a affiliated with the Member Participant's firm a Compliance (\$100) fine will be assessed if the understand that if a licensed individual affiliate for a waiver which would exempt that particular	each agent subscr and the Rules and pply to Canopy ML e appropriate pape ed with this firm do	ribe to the service. Als Regulations. Failure of S upon affiliation is a erwork is not received we ses not have access to	so, I understand that all I f a Member Participant to Category I violation. A Co within one week of notifice on or does not utilize the s	icensed individuals in my o ensure that all licensees ategory I Non- ation. I further ervice, that I may apply
CONSENT By signing below, I consent that Canopy MLS phone or any other means of communication me to the Association in the future. This cons communications; however, I am waiving such	available. This co sent recognizes tha	nsent applies to chang at certain state and fed	ges in contact informatior deral laws may place limi	n that may be provided by tations on
Signature:				Date
Method of Payment:VisaM				
Card#:			_ Exp:	
Please print Name as appears on card: _				
Signature of card holder:				

Address associated with card: