

CLS Affiliate / Appraiser Membership Application

I hereby submit the following information for your consideration: (Please PRINT and complete ALL)

Applicant Information:

*Name: _____
Last First Middle Nickname

Home Address: _____
Street Apt. No. City State Zip Code

*Date of Birth: _____ *Gender: _____ *Email: _____

Home Phone: _____ *Cell: _____ Other Phone: _____

Length of Time with Organization: _____ Position/Type: _____

Organization Information:

*Company Name: _____

*Address: _____
(Physical address) Street Suite# City State Zip Code

*Business Phone: _____ Business Fax: _____ Years in business: _____

Company Contact Email: _____ Company Website: _____

*Preferred Address: ___ Business ___ Home *Preferred Contact Phone: ___ Home ___ Cell ___ Other ___ Office

Do you hold a Florida real estate license: ___ Yes ___ No *Are you ORCA approved business: ___ Yes ___ No

Florida Real Estate License #: _____ Appraiser's License #: _____ Applying as an Appraiser: _____

Ever belonged to another Realtor Association: ___ Yes ___ No Name: _____

*Please indicate your preference for the CLS website: Login ID: _____ Password: _____
(Between 4 and 9 characters for each, case sensitive, Password must have a number & letter)

___ I am applying for **Primary** Membership (You are the first person from your office applying for membership)

___ I am applying for **Associate** Membership (Others in your office are already members)

SPECIALITY In order to be listed properly in the Membership Directory, please check only two

___ Accounting	___ Home Warranty	___ Plumbing Services
___ Advertising	___ Inspection Services	___ Real Estate Appraiser
___ Architectural Design	___ Interior Design	___ Real Estate Research
___ Cellular Phone Service	___ Legal Services	___ Surveyors
___ Computer Services	___ Marketing Services	___ Tax Consultants
___ Construction	___ Mortgage Services	___ Title Company
___ Financial Services	___ Pest Control	___ Utility
___ Other, please specify: _____		

If Corporation or Partnership, list names of Officers, Directors, or Partners (at least 3):

*Please list four (4) personal references with addresses & telephone numbers:

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Affiliate Membership Agreement

I hereby apply for AFFILIATE membership in the Central Listing Service at Ocean Reef, Inc., (CLS) I have indicated below how my payment for my membership dues is to be paid. I understand that the processing of this application will not start until the CLS has received the entire membership dues.

This amount is to be returned to me in the event of non-election. In the event of my election, I consent and authorize the CLS through its Membership Committee or otherwise to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the CLS by any member or other person to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

Affiliate members shall not use the terms REALTOR, REALTORS, or REALTOR-ASSOCIATE, nor the imprint of the emblem seal of the National Association of REALTORS.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the CLS, I shall pay any fees and dues as from time to time established. **NOTE:** Any payments to the CLS are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

I also consent that the CLS and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the CLS in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

The undersigned applicant acknowledges registration of the previously requested Login ID and Password for us in connection with any CLS On-Line System. Applicant further acknowledges and accepts full responsibilities for the confidentiality and security of said Login ID credentials. In the event of disclosure and or use of ID by anyone other the applicant, a fine of \$1,000.00 will be assessed by the CLS against the applicant for first offense. The CLS is not held responsible for disclosure or misuse of the ID by anyone other than the applicant.

APPLICANT:

I understand that my membership is individual, non-transferable and non-assignable, that any dues and fees paid are non-refundable. If my dues are paid by my Company, then those dues may be transferred to another Company representative upon payment of a \$15.00 transfer fee. Dues paid personally by me remain with me should I change employers with the payment of a \$15.00 transfer fee.

Signed: _____

Dated: _____

This application will only be processed by the CLS upon receipt of all required documentation, along with the applicable membership dues.

***Payment:** (Completed applications will be processed upon receipt of payment)

In Full Enclosed
 Check
 Bill My Credit Card

(You may go to www.CLSOR.com and pay with your credit card under Membership menu. "GOOGLE * CLS at OR" will appear on your card)

CLS Use Only

Application Received: _____
 Payment Received: _____
 Check #: _____
 By: _____

Approved: _____
 Rejected: _____
 Date: _____
 Subscriber ID: _____
 Notes: _____