



P.O. Box 36479 Canton, OH 44735
 PH: 1-888-434-0657 / 330-376-0015
 Fax: (330) 232-8502

LICENSED/CERTIFIED APPRAISER APPLICATION FOR MEMBERSHIP

I, _____, attesting that I am an active Licensed/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/Associations 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 Licensed/Certified Appraisers primary Board/Association of REALTORS® along with the Membership Reporting Form completed by the Licensed/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 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.

 Licensed/Certified Appraiser Signature

 Appraiser License Number

 Firm Name

 Address

 City

 State

 Zip

 Phone

 Fax

 Date

Number of licensees on roster who have access to or use of the Service _____
