



## SUBSCRIBER REQUEST FOR CANOPY MLS

Phone: 704-940-3110 Fax: 980-556-7803

Email: [membership@canopyrealtors.com](mailto:membership@canopyrealtors.com)

New Subscribers pay an initiation fee of \$250 and \$165 per quarter

### **PERSONAL INFORMATION:**

**NAME** (as shown on **R.E./Appraiser** license, attach copy): \_\_\_\_\_

Nickname (to appear in MLS): \_\_\_\_\_ Birth date: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Direct Ofc Phone: \_\_\_\_\_

License # (primary): \_\_\_\_\_ Licensure State: ☐ NC ☐ SC Type: ☐ R.E. ☐ Appraiser ☐ Appr. Trainee

Do you hold additional R.E. and/or Appraisal licenses (active or inactive) other than the one listed above? ☐ Yes ☐ No

If Yes, License # \_\_\_\_\_ Licensure State: \_\_\_\_\_ Type: ☐ R.E. ☐ Appraiser ☐ Appr. Trainee

Preferred mailing address (check one): ☐ Office ☐ Home ☐ Other/PO Box ( \_\_\_\_\_ )

Preferred Phone (to appear in MLS): ☐ Office ☐ Cell ☐ Direct Ofc ☐ Other ( \_\_\_\_\_ )

E-mail: (Required) \_\_\_\_\_

### **FIRM INFORMATION:**

Firm name: \_\_\_\_\_

Firm MLS Code: \_\_\_\_\_ Firm Member Participant (head of firm): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other Firm phone (ie 800#) \_\_\_\_\_

### **MEMBER PARTICIPANT (MP) AUTHORIZATION FOR SUBSCRIBER:**

I, \_\_\_\_\_ (**MP, print**) MLS Login ID \_\_\_\_\_, confirm that  
the licensee listed above has affiliated with my firm and request Canopy MLS access for them per this application.

Member Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Canopy Realtor® Association/Canopy MLS reserves the right to object to any company name or Web site name proposed by a current or potential member, which in the association/Canopy MLS's sole discretion is confusingly similar to any name used in commerce by the association/Canopy MLS and that may leave the public confused.**

Canopy MLS Bylaws require applicants to hold Realtor® membership or have a non-member fee paid by the firm in order to Subscribe. With this, are you a Realtor® member of an Association or in the process of joining? ☐ YES\* ☐ NO

\*If Yes, please indicate Association: ☐ Canopy Realtor® Association  
☐ Other\* ( \_\_\_\_\_ )

\*Include a Letter of Good Standing from your Association with this application

If No, confirmation must be received that an Association non-member fee has been paid; please read and sign the *Non-Member Restrictions* section on **page 2**.

### NON-MEMBER RESTRICTIONS:

Licensed real estate agents who elect not to join the Canopy Realtor® Association or any other Realtor® association and who subscribe to the Canopy MLS are reminded that they are prohibited from:

- Use or display of the registered trademark designation Realtor® or Realtors® on business cards, stationary, etc. The designation of Realtor® may be used in conjunction with your company's name. However, the Realtor® logo MAY NOT appear anywhere on your business cards. This would likewise hold for any type of advertising including the use of a name-rider to a sign.

I have read and understand that the above restrictions apply as long as I remain a non-member.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Printed name: \_\_\_\_\_

### SUBSCRIBER ACKNOWLEDGEMENT

I understand that in accordance with the Canopy Bylaws, I must hold a valid North Carolina or South Carolina real estate salesman or broker license or I am a North Carolina or South Carolina licensed or certified appraiser, and am affiliated with a Member Participant of the Canopy MLS. I acknowledge that I am responsible for completely reading the Canopy MLS Bylaws and Rules and Regulations, and as a condition of my continuing subscription, I agree to fully adhere to and comply with each. I further agree to make prompt payment of all charges and fees now and hereafter, and pay monthly service fees, which are billed on a quarterly basis one month ahead of the start of the quarter and are due by the 1<sup>st</sup> day of the first month in the quarter. (ie. billed December 1 for first quarter - January, February and March. Payment due by January 1.)

Further, as an express condition of becoming a Subscriber in the Canopy MLS, I irrevocably waive and release any possible right that I may have to bring any cause of action or claim for libel, slander or defamation that might possibly arise from the filing of any report against me for an alleged violation of Canopy MLS Rules or Regulations and/or the filing or consideration of any arbitration request or any ethics complaint that may be brought against me by any Member of the Canopy Realtor® Association (Association) or by the Grievance Committee of the Association.

I understand that Canopy MLS requires any applicant for MLS participation and any licensee (including licensed or certified appraisers and appraisal trainees) affiliated with an MLS Member Participant who has access to and use of MLS-generated information to complete the Canopy MLS *Get Started* new member orientation. The orientation is devoted to the "Canopy MLS Rules and Regulations" and computer training related to MLS information entry and retrieval and to the operation of the MLS. Failure of a Member Participant to ensure that all licensees affiliated with the Member Participant's firm apply to Canopy MLS upon affiliation is a Category I violation. A Category I Non-Compliance (\$100) fine will be assessed if the appropriate paperwork is not received within one week of notification.

Realtor® members of the Association as well as Realtors® who are not Association members and participate in Canopy MLS through another association are also subject to the Code of Ethics on the same terms and conditions as Association members.

I acknowledge that I have read, understood and agree to the above:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**BY SIGNING ABOVE, I (SUBSCRIBER) CONSENT THAT THE REALTOR® ASSOCIATION (LOCAL, STATE AND NATIONAL) AND THEIR SUBSIDIARIES, IF ANY (E.G. MLS) MAY CONTACT ME AT THE SPECIFIED ADDRESS, TELEPHONE NUMBERS, FAX NUMBERS, E-MAIL OR OTHER MEANS OF COMMUNICATION AVAILABLE. THIS CONSENT APPLIES TO CHANGES IN CONTACT INFORMATION THAT MAY BE PROVIDED BY ME TO THE ASSOCIATION 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.**

**Method of Payment:** ☐ Visa ☐ MC ☐ Discover ☐ AMX

**Card#:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Please print Name as appears on card:** \_\_\_\_\_

**Signature of card holder:** \_\_\_\_\_

**Address associated with card:** \_\_\_\_\_

### Canopy MLS Fee Schedule

<b>First Quarter:</b>	<b>Billed:</b> Dec 1 for Jan, Feb, March	<b>DUE:</b> Jan 1 <sup>st</sup> by 5:00 PM
<b>Second Quarter:</b>	<b>Billed:</b> March 1 for April, May, June	<b>DUE:</b> April 1 <sup>st</sup> by 5:00 PM
<b>Third Quarter:</b>	<b>Billed:</b> June 1 for July, Aug, Sept	<b>DUE:</b> July 1 <sup>st</sup> by 5:00 PM
<b>Fourth Quarter:</b>	<b>Billed:</b> Sept 1 for Oct, Nov, Dec	<b>DUE:</b> Oct 1 <sup>st</sup> by 5:00 PM