



**SUBSCRIBER REQUEST FOR
CANOPY MLS**

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

Email: 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 1st 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

First Quarter: Billed: Dec 1 for Jan, Feb, March **DUE:** Jan 1st by 5:00 PM

Second Quarter: Billed: March 1 for April, May, June **DUE:** April 1st by 5:00 PM

Third Quarter: Billed: June 1 for July, Aug, Sept **DUE:** July 1st by 5:00 PM

Fourth Quarter: Billed: Sept 1 for Oct, Nov, Dec **DUE:** Oct 1st by 5:00 PM