



CCIMLS Membership Application

This application is for those wanting to join the Cape Cod & Islands Multiple Listing Service (CCIMLS). Note, to be eligible for this membership, you must already be a REALTOR® at the Cape & Islands Association or another local association in Massachusetts or a neighboring state. Additionally, every licensee in your office branch location must also join the CCIMLS.

The following items are required for completing this application:

- A copy of your current Massachusetts Broker's or Salesperson's License
- A letter from the Designated REALTOR® of the Office you are joining (unless applying as Designated REALTOR®)
- You must be a member of an Association of REALTORS®. If you hold membership in an Association other than the Cape Cod and Islands, you must submit a letter of good standing with application from the Association where you hold membership.
- Payment of the \$100 application fee and your pro-rated CCIMLS fees

Upon receipt of your application package:

- ◆ The Association office staff will review this information, and will (1) accept the application administratively if all information is complete and appropriate payments are made, or will (2) notify you that membership will be delayed until the problem is resolved. In this instance, the application will not be processed, nor will services of the MLS begin until your application is administratively approved.
- ◆ You will receive notification when your application has been administratively accepted, along with any appropriate membership identification information. This can take up to 4 business days, although we strive to process applications and begin services as quickly as possible.
- ◆ Upon administrative approval, your membership information will be added master database for immediate access to services provided by the Cape Cod & Islands Multiple Listing Service (CCIMLS).
- ◆ Submit your application & payment to:

Cape Cod and Islands Association of REALTORS®, Inc.,
22 Mid-Tech Drive
West Yarmouth, MA 02673
membership@cciaor.com

Applicant Information

Name as it appears on license:

Home Address:

City:

State:

ZIP Code:

Office Name and Address:

City:

State:

ZIP Code:

Mobile Phone:

Office Phone:

Other Phone:

Preferred Mailing Address:

Office Home

Preferred Phone:

Home Mobile Office

Email:

Website:

Birthdate:

Real Estate License #:

Expiration Date:

License Type:

Please include a copy of your active license with this application

Broker

Sales

Appraisal

Do you hold, or have you ever held, a real estate license in any other state? If yes, please specify:

Yes

No

Has your real estate license, in this or any other state, been suspended or revoked?

Yes

No

If yes, please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

Office Status :

If applying as an Office Manager or Independent Contractor, please provide a letter from your DR confirming that you have joined their office

Principal/Partner

Office Manager

Independent Contractor

Indicate the Association where you currently hold REALTOR® membership:

Note: a Letter of Good Standing is required if you are NOT a member of the Cape Cod & Islands Association of REALTORS® (CCIAOR). Please include the letter with your application.

Have you EVER held REALTOR® membership in any other Association? If yes, specify:

Yes

No

Have there ever been any complaints/cases against you before any real estate association, state real estate regulatory agency or any other agency of government within the last three years?

- Yes
- No

If yes, please specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint:

Have you ever been convicted of a felony?

- Yes
- No

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and state and court of conviction:

Are you 18 or older?

- Yes
- No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.

- Yes
- No

Professional Information

Please note that this section is voluntary and all information obtained will be used only to tailor services and promotional efforts for your specialties

Check all that apply:

Brokerage Type Offered

- Buyer and Seller Representation
- Exclusive Buyer Representation
- Exclusive Seller Representation
- Limited Service
- Other :

Business Area

- Upper Cape
- Mid Cape Lower Cape
- Martha's Vineyard
- Nantucket
- Other:

Professional Specialties

- Residential Sales
- Residential Rentals
- Commercial
- Lots/Land
- Other:

Languages spoken other than English

Do you hold any leadership roles in other organizations?

If yes, please list.

What professional designations or degrees do you hold, if any?

Designated Realtor® Information

****Please complete only if you are applying as the Designated REALTOR® / Broker in Charge for your firm****

Is the Office Address, as listed above, your principal place of business?

- Yes
 No

If no, or if you have any branch offices, please indicate and give address(es):

Company Structure

- Sole Proprietor
 Partnership
 Corporation
 LLC (Limited Liability Company)

Your Position

- Principal
 Partner
 Corporate Officer
 Majority Shareholder
 Branch Office Manager

Names of other Partners/Officers of your firm (if any)

List below all licensed individuals who will be associated with your firm. Note all active real estate licensees at your office location must join the CCIMLS as Subscribers before your application will be approved.

Please include agent name, license # and best contact information:

Payment Information

There is a \$100 application fee. CCIMLS fees for new members are prorated on a monthly basis. Total payment should be the sum of the application fee (\$100) and CCIMLS prorated fees (based on month joining).

Application Fee \$100.00
CCIMLS Quarterly Fee \$ _____ (see CCIMLS Quarterly Fee Schedule below)
Total Payment Due \$ _____

CCIMLS Quarterly Fee Schedule

Enter amount above based on the month you are applying. Amount paid will cover through the current quarter.

| | |
|-----------|---------|
| January | \$81.00 |
| February | \$54.00 |
| March | \$27.00 |
| April | \$81.00 |
| May | \$54.00 |
| June | \$27.00 |
| July | \$81.00 |
| August | \$54.00 |
| September | \$27.00 |
| October | \$81.00 |
| November | \$54.00 |
| December | \$27.00 |

Payment Method

- Check Enclosed.** Payable to: Cape Cod and Islands Association of REALTORS®, Inc.
- Credit Card.** By checking this box, I authorize CCAOR to charge my credit card the sum of the application fee (\$100), and CCIMLS prorated fees (based on month joining)

Cardholder Name:

Billing Address:

City:

State:

Zip Code:

Credit Card Number:

Expiration Date:

Security Code (CSV):

- YES, sign me up for MLS Auto Pay!** By checking this box, I hereby authorize the Cape Cod & Islands Multiple Listing Service, Inc. to make recurring charges for quarterly MLS fees to my Credit Card listed above, and, if necessary, to initiate adjustments for any transactions credited/debited in error. Charge amount will be \$81.00 and will recur on March 1st, June 1st, Sept 1st and Dec 1st annually. This authority will remain in effect until the Cape Cod & Islands Multiple Listing Service, Inc. is notified by me in writing at least two week (14 days) before the recurring credit card charge date to cancel it.

Certification

*I hereby apply for Membership in the Cape Cod and Islands Multiple Listing Service enclosing payment **\$100 for a one time application fee plus of my prorated MLS fees payable to the Cape Cod and Islands 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. By signing below I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as Association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax number, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) 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.

Signature of applicant:

Date: