



North Office
5605 Valley Belt Road
Independence, OH 44131

South Office
441 Wolf Ledges #302
Akron, OH 44311

Phone: (216) 485-4100
Fax # (216) 485-4159
Email: Membership@yes-mls.com

Appraiser Application for Participation

My signature below certifies that I have read and understand the Rules & Regulations of Yes-MLS and hereby agree to abide by these and other Rules, Regulations, and Bylaws as may be adopted from time to time by the Board of Directors.

I further agree to submit an initiation fee, and a copy of my appraiser license.

I irrevocably waive all claims against Yes-MLS and its' participating Boards or any of their 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.

APPLICATION PROCESS

Upon receipt, and board approval of your application, your office, and agent information will be entered into Yes-MLS's database. You will be sent a copy of your roster for verification of accuracy, and you will be given further instructions for Yes-MLS's online access at that time.

Ohio Board Member (An Initiation Fee of \$250.00 must be submitted with application)
Primary Board Name: _____

***Non-Ohio Board Member** (An Initiation Fee of \$333.33 must be submitted with application)
Out of State Primary Board: _____

OR
 I do not belong to a board of REALTORS (An Initiation Fee of \$333.33 must be submitted with application)

****If you are a Non-Ohio Board Member, or you do not belong to a board of REALTORS,*** you must choose from one of the boards below for the purpose of administrating arbitration's and the standards of professional conduct.

Please check one: Akron-Cleveland (ACAR) Coshocton (COSH) East Central (ECAR) Lorain (LOCAR)
 Stark (SCAR)

Firm Name: _____

Firm Phone: _____ Firm Fax Number: _____

Firm Street Address: (No PO BOX) _____

City: _____ State: _____ Zip: _____

County: _____

Firm e-mail address (required): _____

AUTHORIZATION

By the act of submission of any property listing content to the MLS, the Participant represents that he/she has been authorized to grant and also does grant authority to the MLS for the Service to include the property listing content in its copyrighted compilation and also any statistical report on "Comparable." Listing content includes, but is not limited to, photographs, images, graphics, audio, and video recordings, virtual tours, drawings, descriptions, remarks, narratives, pricing information, and other details or information related to listed property. **Initial: _____**

COPYRIGHT

All right, title, and interest in each copy of every Service compilation created and copyrighted by the Service, and in the copyrights therein, shall at all times remain vested in the Service. **Initial: _____**

Primary Appraiser's Name: _____

Print Name

Primary Appraiser's Signature: _____ Date: _____

Office Manager: _____

Print Name

HOME BOARD/ASSOCIATION USE

Approved by: _____ Date: _____

Appraiser Associates Information

Please make copies of this page if more space is needed.

(This first entry is for the **primary broker's** information)

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

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Name: _____ License #: _____ Preferred Phone #: _____

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Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?

Name: _____ License #: _____ Preferred Phone #: _____

Internet E-mail Address (required): _____ Primary Board/Association: _____

Do you authorize this agent or support to have listing input capabilities: YES NO

If yes... Entire Office? Only their own listings?
