REINSTATEMENT REQUEST FORM
($25.00 Fee Required)

DATE: _____

( ) Association Membership as: ( ) Designated REALTOR® ( ) REALTOR®

Member agrees:
1. to pay all current charges required to reactivate REALTOR® membership, and to pay any financial obligations which were due and unpaid at time of inactivation, at which time all REALTOR® privileges shall be reinstated
2. to abide by all governing documents of N.A.R., C.A.R., and the Association as each may apply and as each may from time to time be amended
3. to submit to any arbitration dispute(s) and/or disciplinary proceedings which were outstanding at the time of inactivation of prior membership, if any, as well as any future arbitration dispute(s) and/or disciplinary filed against said reactivation member, in accordance with the Association's Code of Ethics & Arbitration Manual, as from time to time amended.

( ) MLS Participation as: ( ) Participation Broker ( ) Subscriber Salesperson

Participant/Subscriber agrees
1. to pay all current charges required to reactivate MLS participant and to pay all financial obligations which were due and unpaid at the time of inactivation, at which time all MLS privileges shall be reinstated
2. to abide by all the MLS Rules & Regulations as from time to time amended
3. to submit to any arbitration dispute(s) which were outstanding at the time of inactivation of prior participation, if any as well as any future arbitration dispute(s) filed against reactivation Participant/Subscriber, in accordance with the Association's MLS Rules & Regulations, as from time to time amended.

PRINT FOLLOWING INFORMATION AND EMAIL TO: MEMBERSERVICES@CVAR.NET

Name_____PublicID#_____
       (As shown on license)

Office Name _____Office Code#_____

OfficeAddress_____City_____Zip_____

Office Phone _____Office Fax_____

Home Address_____City_____Zip_____

Cell Phone _____E-Mail _____

Salesperson Signature_____ Date_____

Brokers Signature_____ Date_____