

Subscriber Access

PERSONAL INFORMATION <i>(Please complete in full)</i>			
First Name: <i>Please print</i>		Last Name:	
Office Name:			
Office Address:		City:	Postal Code:
Office Phone:	Contact Phone/Cell:	E-mail Address:	

Date of acceptance as a Candidate or designation as a Fee Appraiser with the Appraisal Institute of Canada/Ontario and/or an institution approved by the REALTORS[®] Association of Hamilton-Burlington (RAHB):

Date of acceptance (mm/dd/yy)

(Please attach proof of registration provided by your qualified institution.)

You declare that you are not a registered Salesperson/Broker and should you become a licensed registrant in any province in Canada you will immediately notify RAHB membership and this contract will become void.

In order to obtain access to RAHB's MLS[®] system you agree to adhere to and accept the Bylaws, Rules and Regulations and MLS[®] Policies of the REALTORS[®] Association of Hamilton-Burlington (which are available to you through RAHB's MLS[®] System) strictly for the sole purpose of performing duties as a candidate or designated fee appraiser.

You acknowledge that title to and all property rights in the system are vested in RAHB. You agree to comply with, observe and be bound by all restrictions, copyright notice or other limitations on access to RAHB's MLS[®] System and use of the information provided for herein or, of which you, the Subscriber, have been notified in writing and are in effect from time to time.

You understand that this Subscriber access provides you only with access to RAHB MLS[®] data, and does not grant you the privilege of accessing any external sites used by RAHB licensed registrant members. You shall not change or alter in any way whatsoever any information derived from RAHB's MLS[®] System.

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COMPUTER PASSWORD – MANDATORY *(Personal and Confidential)*

Please provide your **temporary “PERSONAL PASSWORD”** in the boxes (minimum of 8 – 12 characters using letters and/or numbers). You will enter your final password upon completion of the enrollment. This **password** with the **User ID** will form your **access codes**.

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The access codes are for your sole and exclusive use and may not be shared with or used by any other individual.

I understand that Clarity Security has effective automated methods for tracking and identifying any discrepancies as well as an automated remediation process.

Upon completion of this application you will be notified by email with your User ID which, in conjunction with the password you have provided will enable you to complete enrollment.

Should you wish to terminate this subscription, you will provide RAHB with written notice 30 days in advance. RAHB reserves the right to terminate this subscription at anytime should your access in the sole opinion of the Directors of RAHB interfere in any manner with the operation of RAHB or any of its members. In addition this subscription may be terminated by RAHB if you cease to be deemed qualified, if you are in violation of any of the terms and conditions of this application, or if your account with RAHB is unpaid.

You agree to pay, in advance, **\$125/month plus HST** for access to RAHB’s MLS® System.

Upon completion of this application you will be notified by email with your User Id which, in conjunction with the password you have provided will enable you to complete enrollment.

Enclosed is my payment of **\$250 plus HST** (current month and month in advance) and, if applicable, **\$25 plus HST** for Clarity Security activation fee. TOTAL \$ _____

PLEASE NOTE: You will be contacted by Membership for further payment information (CVC#) if paying by credit card.

PAYMENT

Cheque	VISA	MASTERCARD	Name on card:	
Card Number:			Expiry date (mm/yy)	
Card Holder Signature:			Date (mm/dd/yy)	

I agree to all terms as noted above:

Signature of Subscriber:	Date (mm/dd/yy)
Signature of Witness:	Date (mm/dd/yy)

FOR OFFICE USE

CEO Approval Signature:	President Approval Signature:
RAHB ID:	