

ANN ARBOR AREA BOARD OF REALTORS®

1919 W. Stadium Blvd., Ann Arbor, MI 48103 ~ (734) 761-7340 ~ Fax: (734) 747-7377 ~ www.AAABoR.com ~ REALTORS@AAABoR.com



CPIX Participation Agreement



CPIX ~ 5349 Old Franklin Rd., Grand Blanc, MI 48439 ~ Phone: 810-603-0676 ~ Fax: 810-603-0677

Name: _____ Today's Date: _____

Company Name: _____ Effective Date: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ FAX: _____

Primary Board or Association: _____

Real Estate License#: _____

E-Mail Address: _____

Guest Access I want to have guest access to CPIX at no charge. I understand that I can input and edit my commercial listing(s), that Michigan CPIX members ONLY can see, but WILL NOT have full access to CPIX and will not be able to see my own listing.

Guest Access listings are viewable ONLY by the paying Michigan CPIX members.

Member Access I want to join CBOR and CPIX to enjoy full access to CPIX functionality and CBOR benefits. I understand that I am joining CBOR as a secondary member. Additional fees apply.

Member Access listings are viewable by anyone searching the CPIX site.

By signing below, I agree as a condition of participation in CPIX to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees, if any. If I am not a REALTOR®, I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other users in accordance with the established procedures by the board/association. I understand that a violation of the Code of Ethics may result in termination of my CPIX privileges and that I may be assessed an administrative processing fee prior to reinstatement, which may be in addition to any discipline, including fines, that may be imposed. I have reviewed a copy of the CPIX Bylaws and agree to abide by them, as modified from time to time.

You will receive an email with login information from CPIX once your access has been established.

Your Signature: _____ Date: _____

Broker Signature: _____ Date: _____

AAABoR Office Use Only

Date Received _____ Effective Date: _____ Member Verified by: _____ Sent to CBOR _____

The CBOR Alliance Program

(3 Fee Categories: Initiation Fee, Annual Dues, CPIX User Fees)

\$50.00 Initiation Fee Due at time of application

Pro-rated CBOR Annual Dues

PAYMENT DUE AT TIME OF APPLICATION.

<u>Month Joined</u>	<u>Prorated Annual Dues</u>	<u>Month Joined</u>	<u>Prorated Annual Dues</u>
January	\$150.00	July	\$75.00
February	\$137.50	August	\$62.50
March	\$125.00	September	\$50.00
April	\$112.50	October	\$37.50
May	\$100.00	November	\$25.00
June	\$87.50	December	\$12.50

Please note: Yearly Dues are billed in January

CPIX User Fees

User Fees: \$150.00 per quarter. Billing begins the first day of the calendar quarter following date of application. No credits/refunds will be issued for the calendar quarter in which a member inactivates.

Month Joined	Invoice Month
Jan - Mar	April
Apr - Jun	July
Jul - Sep	October
Oct - Dec	January

Method of Payment:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Personal Credit Card | <input type="checkbox"/> Company Credit Card | |

**Please Note: We DO NOT accept American Express*

Card # _____ Exp. Date _____ Amount _____

Name on Card (Please enter or PRINT) _____

Signature _____