



C/O CAS P.O. Box 36479 Canton, OH 44735
Phone: 330-376-0015 Fax: 330-494-2359 Toll free (888) 434-0657

CRIS User Application

(All Data Submitted is Held in Confidence For all Purposes)

The following items must accompany application in order to process:
\$150 Nonrefundable REALTOR® application fee for CRIS and a
copy of your license.

All questions must be answered in full prior to processing this application or it will be returned.

Name: _____ Phone #: _____
(Last) (First) (M.I.)

Address: _____

E-mail Address: _____ Cellular: _____ Voice Mail: _____

Company Name: _____ Business Phone#: _____

Company Address: _____

Date Licensed: _____ License Number: _____

Please list all Board(s) / Association(s) in which you are a member in good standing:

*(Note: You must be a primary member of a REALTOR Board in Ohio. Your Broker must be a member of CRIS)

*Dues are prorated according to your license date. CRIS Dues will be billed to your broker. Dues must be paid by your broker.

Date: _____

(Signature of Applicant)

(Signature of Broker/Manager)

***Please Note:** A dues schedule specific to your particular member status should accompany this form in your new member packet. If it does not, please contact the CRIS Membership Coordinator at 330-376-0015 x1.