

# ANN ARBOR AREA BOARD OF REALTORS®

1919 W. Stadium Blvd., Ann Arbor, MI 48103 ~ (734) 761-7340 ~ Fax: (734) 747-7377 ~ www.[AAABoR.com](http://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             | \$ 115.00                   | July                | \$57.50                     |
| February            | \$ 105.42                   | August              | \$47.92                     |
| March               | \$ 95.83                    | September           | \$38.33                     |
| April               | \$86.25                     | October             | \$28.75                     |
| May                 | \$76.67                     | November            | \$19.17                     |
| June                | \$67.08                     | December            | \$9.58                      |

*Please note: Yearly Dues are billed in January*

## CPIX User Fees

User Fees: \$135.00 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.

| <b>Month Joined</b> | <b>Invoice Month</b> |
|---------------------|----------------------|
| Jan - Mar           | April                |
| Apr - Jun           | July                 |
| Jul - Sep           | October              |
| Oct - Dec           | January              |

### Method of Payment:

- Cash                       Visa                       Discover
- Check # \_\_\_\_\_       MasterCard
- Personal Credit Card       Company Credit Card

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

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card (Please enter or PRINT) \_\_\_\_\_

Signature \_\_\_\_\_