

Signature: _____

Primary MLS Access for Appraiser Affiliate

Please give the following person/office limited access to the Cape May County MLS.
I understand I will pay \$60 initially. Thereafter, CMCMLS will invoice my company \$60 monthly.
I acknowledge that MLS dues are non-refundable.

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

First Name: _____ Last Name: _____

Email Address: _____ Cell Phone: _____

Requested Login ID: _____ Preferred Password: _____

Date Signature

Check payable to CMCMLS® or Credit Card (Visa, MC, AMX, and Discover)

Card# _____ Expiration Date _____

Signature: _____

Questions? Call (609) 624-3500 or e-mail dmoore@cmcar.org

You can e-mail this form to dmoore@cmcar.org or fax this form 609-624-9400