Cornerstone Association of REALTORS®

NEW MEMBERSHIP APPLICATION FORM

Instructions

Please fill out the form to completion with the information that corresponds exactly as it appears on the registration issued by Real Estate Council of Ontario (RECO) as proclaimed by the Real Estate and Business Brokers Act (Ontario) (the "Act"). Attach the following documents and submit to membership@mreb.ca once complete.

- Completed Agent Cornerstone Association of REALTORS® Membership Application
- ii. Copy of Brokerages RECO Registration

Aa	ent	Inform	ation
	,		

Agent inform	iation		
Female Male	Other		
Broker of Record	Broker Manager Brok	ser O Salesperson O	
First Name: (Trade name only)		Last Name:	
RECO Registration:		RECO Expiry Date (YY/MM/DD):	
Email:			
Personal Website: (Optional)	www.		
Phone Number:		Date of Birth: (YY/MM/DD)	
	e-mail address above, you are giving consoctronic means (e-mail).	ent to Cornerstone Association of REALTORS® to communicate	te
Please Select all that	at apply:		
	er been a Member of MREB or Cornerstone		
•	iously been a Member of MREB or Corners tly a Member of another Real Estate Board		_
	estion 3, please provide the name(s) of the	_	
TRREB			
5. Which Boar	d do you pay your OREA and CREA Dues	to currently?	
		going forward will be: (Cornerstone will be the home board if	
•	by the Brokerage or if you are not a memb	_ ·	
	minating your membership with your currer	_ /	
•	A, ORWP and CREA Dues will apply ORE		
		Initial:	



NEW MEMBERSHIP APPLICATION FORM

Brokerage Inf	formation		
Brokerage Name	:		
Brokerage Street Address Registered with CORNERSTONE (add unit # if applicable):			
City/Town:		Postal Code:	
Phone Number:		Fax Number:	
	Matrix Security Levels Require Appointed by Signing Au (Please Select	uthority BOR/I	
Broker of Record	Broker Manager O		
Salesperson / Br	oker 1 - Full Input Security Level – Mapped to Sa	alesperson (Full Inp	out)
O SP2	2 - Full Input Security Level - No Status ch	anges	
O SPS	3 - Full input Security Level - No price cha	nges or status cha	nges
O SP	4 - Limited Input Security Level – No Status	changes	
O SP	5 - Limited Input Security Level – No input o	apabilities	
	nformation or status on the applicant aft notify Cornerstone within 48 hours of c		membership form requires
ignature of Applica	nnt: Signature of Agent	Date	/MM/DD
ignature of legal igning Authority as er brokerage pplication:		Date	



NEW MEMBERSHIP APPLICATION FORM

Signature:

Payment Cycle
IMPORTANT NOTICE: FEES ARE NON-REFUNDABLE ONCE PAID TO
CORNERSTONE

ACKNOWLEDGEMENT OF EXPRESS CONSENT

Quarterly Dues Paying Member

<u> </u>	(full name), RECO #,
currer	ntly at(name of brokerage),
	g read, understood and agreed to the conditions laid down below, hereby express my writtenent, to the same by my witnessed, attested signature and date below:
1.	I acknowledge that the QUARTERLY BILLING CYCLE for Cornerstone commences on January 1st, April 1st, July 1st, and October 1st of each calendar year.
2.	I agree to remit payment for my Cornerstone dues before the commencement of each subsequent quarter, using the payment methods acceptable to Cornerstone. I understand the my invoice will be made available online no later than 14 days prior to the due date.
3.	I understand and agree that failure to pay my Cornerstone dues before the start of the new quarter will result in the SUSPENSION of my membership for a period of 10 days. During this suspension, I will incur a late fee of \$50.00 (no HST). If the outstanding dues and late fee are not settled within this 10-day suspension period, my membership and access will be terminated. To reinstate my membership, I will be required to pay a reinstatement fee of \$100.00 plus HST.
4.	I agree to pay Cornerstone dues in accordance with the payment methods approved by Cornerstone.
5.	In the event of automatic renewal, I understand and agree that all terms and conditions outlined in this ACKNOWLEDGEMENT OF EXPRESS CONSENT will automatically renew and apply to the subsequent QUARTERLY BILLING CYCLE , unless Cornerstone receives a Termination Notice from my Brokerage by the 15th of the month preceding the next billing cycle.
	Date: Print Name:



NEW MEMBERSHIP APPLICATION FORM

I acknowledge and agree that in the event of a default in payment, as defined by the terms and conditions set forth in the Applicant Pre-Authorized Payment Information form attached hereto as Page 6, I hereby authorize Cornerstone Association of REALTORS® ("Cornerstone") to store my credit card information on file and automatically charge my credit card for the default amount and the associated one-time administration fee. In the absence of a credit card on file, I agree to remit payment of the default amount and administration fee by cheque, made payable to Cornerstone Association of REALTORS®, and mailed to the following address: 3450 Ridgeway Drive, Unit 1, Mississauga, ON, L5L 0A2, or in person at the Cornerstone-Mississauga board office.

I further authorize Cornerstone to automatically charge my credit card on file for any future payments due under the quarterly payment cycle, including renewal fees, as part of an auto-renewal program.

I also acknowledge and agree that if payment of the default amount and administration fee is not received by Cornerstone on or before the due date specified below, in accordance with the quarterly payment cycle, Cornerstone may, at its sole discretion, pursue additional actions to recover the outstanding amounts. Such actions may include, but are not limited to, legal proceedings or termination of membership with Cornerstone.

	Initial:
	To be initialed by Applica
Quarterly Payment Cycle: January	1 st , April 1 st , July 1 st , October 1 st
IMPORT	TANT INFORMATION
All due	es must include HST
Cornerstone as the home board is requi	red to collect OREA/ORWP/CREA Dues at the time or joining.
Signature:	Date:
	YY/MM/DD



BYLAWS & CODE OF ETHICS FORM

I, the undersigned, agree to read and comply with the By-Laws, Code of Ethics, & Instructions, as presently set out by Cornerstone Association of REALTORS® and any of its future revisions. I also agree to abide by the Privacy Code as set out by the Canadian Real Estate Association. My Broker/Manager has made a copy of the Cornerstone Association of REALTORS® (Cornerstone) By-Laws available to me.

I am satisfied that the information contained, herein, is true and factual and that I am fully aware of the responsibilities and obligations in making this application.

Failure to fully complete this application, may cause delays in the processing of this application. I acknowledge and agree that the submission of this membership application constitutes my consent to the collection, use and disclosure by the Cornerstone Association of REALTORS® Board of the information submitted in this Membership Application.

I understand that the collection, use and limited disclosure of any personal information shall be done in compliance with the *Personal Information Protection and Electronic Documents Act*, and will only be for the purposes of fulfilling Cornerstone's mandate, including the provision of services, products, and information to me by Cornerstone and only in the manner consistent with Cornerstone's Privacy Policy available on www.cornerstone.inc. In the event I require any clarification or have any questions regarding the Cornerstone's Privacy Policy, I can contact: Membership Administrator at the following email address: membership@mreb.ca. The Cornerstone Board shall obtain certification from the PCI Security Standards Council in relation to storing member's personal information.

Subject to applicable laws and with specific exemptions to protect the privacy of third parties, I understand that I may access my personal information held at Cornerstone and may submit comments on or corrections to such information for inclusion with my personal information.

I acknowledge and agree that by registering and attending the course/event/activity; I have given my consent to Cornerstone to be photographed or videotaped by Cornerstone during any classes/courses/activities or events offered by Cornerstone that attend or participate in; and I authorize Cornerstone employees, contractors, agents and authorized representatives to use, reproduce, publish, transmit, distribute and/or display any photographs and/or videotapes or portions thereof, which might appear in any Cornerstone publication or other material for Cornerstone's general purposes.

I understand that the use of my information provided above is for the sole purpose of receiving information from Cornerstone Association of REALTORS®.

As a Member of the Canadian Real Estate Association and Ontario Real Estate Association, I agree to adhere and abide to the Principles of its Privacy Code. I acknowledge that this application will be processed provided there are no outstanding accounts to be paid.

I have provided all information truthfully on this application form, and if accepted into Membership, I agree to conform to all the requirements and obligations of Cornerstone Association of REALTORS®.

I understand that sharing of passwords would be in violation of MLS® Rules and be subject to a heavy penalty including suspension of membership.

Initial	÷								
	•	_	_	_	_	_	_	_	



CHARGES AND PAYMENT AGREEMENT

By signing this agreement, I authorize Cornerstone to store my credit card information for collecting membership fees and auto-renewing my membership. I also authorize Cornerstone to automatically charge my credit card according to the Quarterly Payment Cycle and the schedule on pages 3 and 4 of this application.

I acknowledge that Cornerstone will initiate these charges on the specified dates. Notice and records of the transactions will be provided alongside the invoices according to the schedule and will be accessible on Cornerstone's website at www.cornerstone.inc.

To cancel automatic charges, I agree to provide written notice by registered mail to the Finance Department of Cornerstone or by email to Finance@mreb.ca at least FIFTEEN (15) days before the next charge date and arrange an alternative payment method.

In accordance with the Default provisions on page 3 of this application, I understand that if my credit card is declined or has expired, I will receive notification and must immediately pay any outstanding membership dues.

I agree to these terms and acknowledge that this agreement serves as a receipt and proof of my authorization for Cornerstone to store my credit card information, charge it automatically, and renew my membership fees.

Signature			Name	
	Signature of the Person Submitting this Form		Na (pi	ame of the Person Submitting this Form rint)
Date				
	YY/MM/DD			
MI#:		EA ID:		



Credit Card Information

Cornerstone Association of REALTORS® Membership is a QUARTERLY COMMITMENT

IMPORTANT NOTICE: FEES ARE NON-REFUNDABLE ONCE PAID TO CORNERSTONE

Applicant Pre-Authorized Payment Information

Name of Applicant:					
Name on Credit Card	d:				
Banking Institute:					
Amount:		\$			
Please provide a DIRECT contact / phone number:					
Card Type:		VISA: O	MASTE	RCARD: ()
Card Number:					
Expiry Date:		MM/YY			
CVV:					
gnature	Signature	of the Person Submitting this I	-orm	Name	Name of the Person Submitting this Form (print)
		Date of Signature	YY/N	/IM/DD	(pinity



Ontario REALTORS® Wellness Program (ORWP) Consent Page

The Ontario Real Estate Association (OREA) has introduced the Ontario REALTOR® Wellness Program (ORWP) for REALTORS®. This is a Mandatory Standard Benefit Plan for the members. For more information on the ORWP Plan please visit www.orea.com.

I understand that by becoming a member of the Cornerstone Association of REALTORS® (Cornerstone), if Cornerstone becomes my Home Board at any time—whether when joining, reinstating, transferring from a Brokerage that has designated Cornerstone as the Home Board, or terminating from another Board Association—I am required to pay my OREA Dues and ORWP Dues through Cornerstone.

					Initial:
I do give consent to p	rovide OREA my information	am.			
					Initial:
	ORWP payments to be with my Home Board and keep i				
					Initial:
do not give consen	t to provide OREA my infor	mation for the O	ntario RE	ALTOR® Wellness P	rogram.
					Initial:
I understand that if I dijoining Cornerstone.	o not consent to quarterly p	ayments the OF	RWP Dues	must be paid in full	at the time of
					Initial:
	dit Card being Declined or partment to provide an upd)
					Initial:
Signature			Name		
	Signature of the Person Submit	ting this Form		Name of the Person Su Form (print)	bmitting this
Date of Signature	YY/MM/DD				