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FAX: (702) 732-3154

By signing below, I agree as a condition of participation in CALV to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees. If I am not a REALTOR®, I further agree to be bound by the Code of Ethics and Standards of Conduct 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 of the board/association. I understand that a violation of the Code of Ethics may result in termination of my CALV privileges in addition to any discipline and fines that may be imposed.

CALV Membership (\$298.00/Semi-Annual)

Public ID#: \_\_\_\_\_

| Method of Payment:                     |                               |                                      |                               |                                   |
|--|-------------------------------|--------------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
| Credit Card #:                         |                               |                                      | Exp Date:                     | CID#:                             |
| Cardholder:                            |                               | Signature:                           |                               |                                   |

| USING AGENT/Broker INFORMATION |          |
|--------------------------------|----------|
| Name (Last, First, MI)         | License# |
| E-mail Address                 |          |

| COMPANY INFORMATION |               |
|---------------------|---------------|
| Company Name        | Broker's Name |
| Street Address      |               |
| City, State, Zip    |               |
| Main Phone No.      | Fax No.       |

|  |  |      |
|--|--|------|
| Signature  |  | Date |
| Broker's Signature (This acknowledges agents use of the CALV system) |  |      |

| FOR GLVAR USE ONLY  |             |
|---------------------|-------------|
| Date Form Received: | Setup Date: |
| User Name:          | Password:   |

Visit the Commercial Alliance website  
[www.CALV.org](http://www.CALV.org)