



5605 Valley Belt Road  
 Independence, OH 44131  
 (216) 485-4100 / (888) 2-NORMLS  
 (216) 485-4159 FAX  
 www.normls.com

# Dues Waiver Form

I am an active dues paying agent with the \_\_\_\_\_ Multiple Listing Service and I would like to waive my dues with NORMLS.

By signing this waiver, I understand that the noted agent has no desire for, and will not use any of NORMLS services. I also understand that if this agent should list any required property types located in our jurisdiction, I must reinstate them to an active status and those listings must be added to the compilation of listing information. Once reinstated, the agent will receive a prorated dues statement for the current semi-annual billing cycle. Once the listing(s) are sold, the agent may reapply for a waiver and upon approval, dues will again be waived.

- Required listings: Residential, Condominium, Vacant land zoned residential, Multi-family, and Farm/Agricultural located in one of NEOHREX's 36 counties. For a list of primary counties, please contact NORMLS at 216-485-4100.

**Billing:** Waivers that are submitted within the first month of the semi-annual billing period will ensure a credit to the agent for the semi-annual billing period in which the waiver is submitted, if approval is received. **Any waiver received after the first month will receive no credit or proration of dues for the billing period in which the waiver is submitted.**

Agent Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Print Name

Company Name: \_\_\_\_\_ (NORMLS) Office ID: \_\_\_\_\_

**If in the future, this agent decides to become an active agent on my Brokers NORMLS office roster, I will submit a request in writing and this waiver form becomes NULL and VOID.**

**ALL CURRENT (IF WAIVER IS NOT SUBMITTED ON OR BEFORE CUT-OFF DATE), AND ANY OUTSTANDING AGENT DUES MUST BE PAID IN FULL BEFORE WAIVER WILL BE PROCESSED**

My signature below certifies that I understand NORMLS waiver guidelines and waiver billing procedures and hereby agree to abide by them.

**Authorization:**

Broker / Office Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Broker / Office Manager Signature: \_\_\_\_\_

NORMLS USE					
Date Received:	Received By:	Date Processed:	Processed By:	Credit Issued?	Amount of Credit

**FAX TO 216-485-4159 or Email to membership@normls.com**