

EXHIBIT A

**COLORADO SPRINGS REALTOR® SERVICES CORP
REAL ESTATE INFORMATION SERVICES
PIKES PEAK COMMERCIAL INFORMATION EXCHANGE**

PARTICIPATION AGREEMENT

The undersigned, the Designated REALTOR® (DR) or Designated Appraiser (DA) and Principal of _____ (company name), with primary membership in the _____ (Board/Association of REALTORS®), agrees to participate in the Pikes Peak Commercial Information Exchange (PPCIE).

I certify that I have read and fully understand the Rules and Regulations of the PPCIE. I further certify that I will abide by the Pikes Peak Commercial Information Exchange Rules and Regulations now in effect or which may be hereafter adopted for the operation of the PPCIE.

I certify that I am a Colorado licensed Designated REALTOR® and Broker Member or that I am a Colorado licensed Designated Appraiser. I further agree to arbitrate any dispute with other Participants arising out of the use of the PPCIE as provided by the Bylaws of the Colorado Springs REALTOR® Service Corp. I understand that a violation of the PPCIE Rules may result in termination of my PPCIE privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

As the PPCIE Participant, I agree to be responsible for the payment of all PPCIE fees, including but not limited to PPCIE Participation Fees for individuals in the above office. I further agree that nonpayment of PPCIE fees may result in termination of service in accordance with the PPCIE Rules and Regulations. I understand that the Colorado licensed brokers or sales licensees, or appraisers affiliated with this office are allowed access, upon my registration of their names with the PPCIE, to the PPCIE through my participation and that no other person or entity is permitted to use this service through my participation.

Dated at Colorado Springs, Colorado this _____ day of _____, 20__.

Name of Designated REALTOR® or Appraiser _____
Please Print

Signature _____

Colorado License Number _____

Broker Number _____ (as assigned by Primary Board/Assoc.)

Company Name _____

Company Address _____

Company Telephone Number: (_____) _____ - _____

From the time of receipt of all completed documentation, please allow two business days to process your application

STAFF USE ONLY: Assigned to Broker ID# _____, Slsm ID# _____