

SUBSCRIBER INFORMATION FORM

Revised 08/06/2008

Please fax all of the following information to (508) 845-2434:

1. Completed Subscriber Information Form, signed by Office Manager or Principal
2. Authorization For Direct Payments Form
3. Copy of Real Estate Sales, Broker's, Appraisal, or Trainee's license

Subscriber's Personal Information:

Name: _____ MLS ID: _____
(New subscribers, leave blank. ID will be assigned by MLS PIN)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email Address: _____
(Your telephone # will appear on your listings) (New agents will receive their ID # and password emailed to this address)

REALTOR® Board Membership (list name of board): _____

License #: _____ Expiration Date: _____

Office Information: (Please fill in your office information completely)

Name: _____ MLS ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Extension: _____
(Your extension will appear on your listings)

Type of Change: (choose one)

<input type="checkbox"/> New Subscriber Date of Association: _____ <input type="checkbox"/> Re-associated Subscriber Date: _____ <input type="checkbox"/> Transferred Subscriber Old Office ID #: _____ Old Office Name: _____	<input type="checkbox"/> Dropped Subscriber Termination Date: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other Change: <input type="checkbox"/> Home Address <input type="checkbox"/> Home Telephone # <input type="checkbox"/> Email Address Change
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NAME OF PRINCIPAL (PLEASE PRINT)

SIGNATURE OF PRINCIPAL

DATE

If you have any questions, please call MLS PIN Membership at (800) 695-3000 option 3.

- Subscribers being dropped from an office then added back to that same office roster within a 45 day period will be charged a \$20.00 reinstatement fee.
- **PLEASE ALLOW 24-48 HOURS FOR ALL CHANGES TO BE PROCESSED.**