



**SUBSCRIBER INFORMATION FORM**

Revised 3/14/2022

Please mail, fax, or email completed form, signed by Office Manager or Participant to (508) 845-2434.

**Subscriber's Personal Information:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ *(Your telephone # will appear on your listings)*

\*Email Address: \_\_\_\_\_ **\*REQUIRED FIELD** *(New Agents will receive their ID # and password emailed to this address)*

\* License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
**\* REQUIRED FIELD**

**Office Information:**

Name: \_\_\_\_\_ MLS ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Extension: \_\_\_\_\_ *(Your extension will appear on your listings)*

**Type of Change (select one):**

New Subscriber  
Date of Association: \_\_\_\_\_

Dropped Subscriber  
Termination Date: \_\_\_\_\_

Re-associated Subscriber  
Date: \_\_\_\_\_

Other Change:  
 Home Address  
 Home Telephone #  
 Email Address Change  
 Other: \_\_\_\_\_

Transferred Subscriber  
Transfer Team ID # \_\_\_\_\_  
Old Office ID #: \_\_\_\_\_  
Old Office Name: \_\_\_\_\_

\_\_\_\_\_  
**Name of Participant or Office Manager (Please Print)**      **Signature of Participant or Office Manager**      **Date**

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

- Complete a separate Subscriber Information Form for each Team Member and also for the Team ID to be transferred.
- 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.**