

MLS Only Application Date: ______

Full Name (as shown on license)	
Primary REALTOR® Association	
am a: □ Broker/Designated REALTOR® □ Agent/	REALTOR®
Name as you want it to appear on MLS	
Nickname Geno	der: □ M □ F
Office Name	Office ID
Office Address	_ City, State, Zip
Office Phone	-
Home Address	City, State, Zip
Home Phone	Cell Phone
Preferred Phone	Date of Birth
Email Address	
Please check preferred method for SPAAR communications: Email Mail - Home Mail - Office Real Estate/Appraiser License # (required):	
Do you hold a license in another state? Yes No If yes, please list	
I hereby certify that I am a member in good standing at my primary association and agree to abide by the Association Bylaws and the MLS Rules and Regulations. I certify that the information furnished by me is true and correct.	
Signature	