



Today's Date \_\_\_\_\_

## OFFICE SUPPORT STAFF MEMBERSHIP

Check One:  ADD  DROP

Check One:  Office Support Staff **OR**  Assistant to \_\_\_\_\_  
(Name of Agent)

### **PERSONAL INFORMATION:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone or Landline (please circle one)

Permission to Text? Yes  No  Real Estate License#: \_\_\_\_\_

Email \_\_\_\_\_

### **OFFICE INFORMATION:**

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_

### **For log in identification security purposes:**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four of SSN: \_\_\_\_\_  
MM DD YYYY

Mother's Maiden Name \_\_\_\_\_

Father's First Name \_\_\_\_\_

Your Place of Birth \_\_\_\_\_

Designated REALTOR's Name (PRINTED): \_\_\_\_\_

Designated REALTOR's Signature: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO INFO@WMLAR.COM**