



Today's Date _____

OFFICE SUPPORT STAFF MEMBERSHIP

Check One: ADD DROP

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

MLS Super-Using Access- _____
(List office number(s) or individual agent(s) number this person has authorization to use as.)

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 (____) _____ Office 'H' Number: _____

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 ERIN@WMLAR.COM