



**MISSION STATEMENT:** A Lakeshore Association dedicated to the growth of Real Estate Professionals and the future of their communities. 12916 168th Ave. Grand Haven, MI 49417 PH: (616)846-6240 www.WMLAR.com

## SUPPORT STAFF APPLICATION

Add  Remove  Change

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

Office Support Staff  Assistant to \_\_\_\_\_ MLS ID(s): \_\_\_\_\_

MLS Super-Using Access for:

\_\_\_\_\_

*(List all MLS Office Number(s) or Individual Agent(s) Numbers this person has authorization to superuse for.)*

### STAFF INFORMATION

Name \_\_\_\_\_ License Number \_\_\_\_\_

*(if applicable)*

Type:  Broker  Salesperson  Appraiser

\_\_\_\_\_

HOME ADDRESS

CITY

STATE

ZIP

Mother's Maiden Last Name \_\_\_\_\_ Father's First Name \_\_\_\_\_

DOB \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_  Cell  Landline Permission to Text?  Yes  No

Languages Spoken (other than English) \_\_\_\_\_

### OFFICE INFORMATION

Office Name \_\_\_\_\_ State Office License # \_\_\_\_\_

Office Address \_\_\_\_\_ Office MLS ID \_\_\_\_\_

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

Broker/Designated REALTOR Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to Erin@wmlar.com.**