



# SUBSCRIBER INFORMATION FORM

Revised 2/29/2016

Please email or fax completed form, signed by Office Manager or Principal 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)*

**REALTOR® Board Membership (list name of board):** \_\_\_\_\_

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

**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: \_\_\_\_\_

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

Other Change:  
 Home Address  
 Home Telephone #  
 Email Address Change

\_\_\_\_\_  
**Name of Principal or Office Manager (Please Print)**

\_\_\_\_\_  
**Signature of Principal or Office Manager**      **Date**

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

- *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.**