



SUBSCRIBER INFORMATION FORM

Revised 9/6/2018

Please mail, fax, or email completed form, signed by Office Manager or Participant 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: _____
*** REQUIRED FIELD**

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 Participant or Office Manager (Please Print) Signature of Participant 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.**