

**SOUTH CENTRAL WISCONSIN MLS  
NEW USER INFORMATION FORM**

Please return to SCWMLS: [member@wisre.com](mailto:member@wisre.com) or fax: 608.240.2801  
4801 Forest Run Road, Suite 101, Madison, WI 53704

Date: \_\_\_\_\_

*Use for licensees who are not members of the  
REALTORS® Association of South Central Wisconsin*

Licensee Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

MLS Preferred Phone:      *Office*              *Home*              *Cell*

E-Mail Address: \_\_\_\_\_

PRIMARY BOARD: \_\_\_\_\_

*(Where REALTOR® Membership held)*

**If available, please provide:**

<b>NRDS#:</b> (check with local Association)	<b>License #:</b>
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Licensee Signature: \_\_\_\_\_

Signature of Designated Participant/Office Manager:

\_\_\_\_\_

**FOR OFFICE USE**

Member # \_\_\_\_\_

Office Code \_\_\_\_\_