

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

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

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

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

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

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

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

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

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

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

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

MLS Preferred Phone *(if different than Home phone)* \_\_\_\_\_

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

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

*(Where REALTOR® Membership held)*

<b>Social Sec#:</b>	<b>License #:</b>
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Licensee Signature: \_\_\_\_\_

Signature of Designated Participant/Office Manager:  
\_\_\_\_\_

<b>FOR OFFICE USE</b>
Member # _____
Office Code _____