

**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)

NRDS#: (check with local Association)	License #:
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Licensee Signature: _____

Signature of Designated Participant/Office Manager:

FOR OFFICE USE
Member # _____
Office Code _____