

Application Rec'd ____/____/____ Associate Added ____/____/____

NRDS #: _____ MLS User Name: _____ Assigned Password: _____

BERKSHIRE COUNTY BOARD OF REALTORS® , INC.
MULTIPLE LISTING SERVICE
CHANGE OF STATUS – ADD SECONDARY ASSOCIATE

I hereby submit the following information to be considered for a membership status change for the following office

Office name: _____

Add a REALTOR® for MLS use and access, according to the terms outlined in the bylaws and regulations of the service.

- 1. Membership Selection: REALTOR® or Designated REALTOR®
- 2. Membership Status Primary or Secondary* MLS Only*

* Name of Association that REALTOR® Membership is Held: _____

3. Agent Name as it appears on license: Mr./ Ms. _____

4. Name as it should appear on roster: _____

5. Agent Membership ID (NRDS#), if known _____

6. Agent Birthdate: _____

7. Agent Home Address: _____ City: _____ State _____ Zip _____ - _____

8. Agent Home Phone: (____) _____ Mobile: (____) _____

9. Agent E-mail: _____

10. Agent Website: _____

11. List on MLS Roster: Home Phone? Mobile Phone? E-mail Address

12. Agent License Number. # _____ Broker Salesperson Appraiser

13. Agent License Expiration Date: _____

14. Licensed in any other state? If yes, please specify _____

15. Has license, in this or any other state, been suspended or revoked? Yes No

If "yes", specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

I am the REALTOR® Principal / Manager of the above named agency and hold Participatory rights in the Multiple Listing Service (MLS). I understand that I have all rights, benefits, and privileges of the Service, and accept all obligations of the Service for this agency and the agents provided access and use of MLS services. This includes compliance with the Bylaws and Rules and Regulations by all persons affiliated with this firm. I acknowledge that current bylaws, rules and policies are readily available from the website: www.BerkshireRealtors.com and accept responsibility for compliance with these membership documents.

X SIGNATURE: _____ **DATE:** ____/____/____

**ATTACH COPY
OF AGENT'S
LICENSE
HERE**

