Agent Data Worksheet

OFFICE USE ONLY:

NRDS NO: _____

MLS USER CODE: _____ SECURITY LEVEL: _____

DATE OF MEMBERSHIP: _____/_____/_____

PROCESSED BY: _____

1. Have you ever been issued a NRDS #? Yes or No If yes, please indicate NRDS#:_____
2. Have you ever been a member of the River Counties Association of REALTORS®? Yes or No
3. Name *(As it appears on your license):* _____
4. Company Name: _____
5. Date assigned to office? _____/_____/_____
6. Agent Type (circle one): **Affiliate Broker** **Principal Broker**
7. Home Address: _____
8. City: _____ State: _____ Zip: _____ - _____
9. Email Address: _____
10. Web Address: _____
11. Home Number _____-_____-_____ 12. Personal Fax _____-_____-_____
13. Cell Number _____-_____-_____ 14. Preferred Contact Phone:†Cell†Home or†Office
15. Member Designations: *(Circle)* ABR, CCIM, CRB, CRS, GRI, LTG, other: _____
16. State - Membership: Tennessee 17. Date of License: _____/_____/_____
18. Real Estate License Number: _____ 19. License Expiration: _____/_____/_____
20. Agent's Date of Birth: ____/_____/_____
21. Are you applying for Primary or Secondary Membership (circle one)? Primary Secondary
22. Do you currently pay National and State dues to this Board/MLS? Yes No
23. If "No", please indicate the Board to which member pays dues:_____
    (A letter of good standing is required for Secondary membership)

*** All questions must be completed in order to process this application. If you have any questions, please contact River Counties Association of REALTORS® at (423) 476-5912.**