

AGENT INFORMATION FORM

Last 4 digits of Social Security Number: _____

Name: _____
FIRST MIDDLE LAST

Name as you would like it to appear in MLS/Paragon: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Delivery Address (if different from Mailing Address): _____

Cell Phone#: _____ Home #: _____

Email: _____ Website: _____

Business Email: _____ Preferred email: Personal Business

Office Name: _____

Agents Birthday: ____/____/____ Spouses First Name: _____

State dues paid thru this Board (Y/N) ____ Have you been a past Member of another board? (Y/N) ____

FOR OFFICE USE ONLY

User Code

Paragon/MLS Login Name/NRDS ID #

Temporary Password will be emailed

Security Level: (circle one)

- 0 = Affiliate
- 2 = Affiliate Appraiser
- 3 = Agent
- 4 = Agent Input
- 5 = Broker, Office Manager or Office Staff

Agent Type: (circle one)

- | | |
|--------------------------------|----------------------------------|
| RC= REALTOR® Candidate | LS = Lic Staff Non-Member |
| R = REALTOR® | LR= Lic Staff REALTOR® |
| DR= Designated REALTOR® | DX= MLS Only Broker |
| NM= Non-Member Licensee | RX= MLS Only REALTOR® |
| ST = Office Staff | MX= OTHER _____ |

Member of what State Association: _____ Date joined: ____/____/____

Agent Membership status: (circle one)

- | | |
|--------------------------|-----------------------|
| M = MLS and Board | A = Affiliate |
| B = Board Only | F = Staff |
| S = MLS – Only | N = Non-Member |

Agent completed New Member Orientation? (Y / N) ____ If YES, Date: ____/____/____

Agent Real Estate License No: _____ Date issued: ____/____/____

OFFICE USE ONLY:

- | | | | | | |
|----------------------------------|-------------------------------|--------------------------------|----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Paragon | <input type="checkbox"/> NMO | <input type="checkbox"/> LAMPS | <input type="checkbox"/> Webmail | <input type="checkbox"/> Blackboard | <input type="checkbox"/> GIGR |
| email: | <input type="checkbox"/> Lori | <input type="checkbox"/> Meg | <input type="checkbox"/> Terry | | |