



# State-Wide Multiple Listing Service, Inc. SUBSCRIBER AUTHORIZATION

Please fax completed form, signed by Office Manager or Principal Broker to (401) 941-5320 or e-mail to [membership@rirealtors.org](mailto:membership@rirealtors.org). Page 2 (Subscriber Agreement Form) is required for all new Affiliations, Re-Affiliations or Transfers. **A copy of Real Estate license is required for all New Subscribers.** Please allow 24-48 hours for all changes.

### Subscriber's Personal Information:

Name: \_\_\_\_\_ MLS ID: \_\_\_\_\_  
(New Subscribers, leave blank)

Listing Phone #: \_\_\_\_\_  
(This number will appear on listings in addition to the office phone number)

\*Email Address: \_\_\_\_\_ \*Will Appear On Listings  
(New Agents will receive their ID # and password emailed to this address)

REALTOR® Board Membership: \_\_\_\_\_ NRDS#: \_\_\_\_\_  
Name of board

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Type of Change: (choose one)

- |   |  |
|---|--|
| <input type="checkbox"/> New Subscriber<br>Date of Association: _____ | <input type="checkbox"/> Disaffiliated Subscriber<br>Termination Date: _____ |
| <input type="checkbox"/> Re-associated Subscriber<br>Date: _____      | <input type="checkbox"/> Transferred Subscriber<br>Transfer Date: _____      |

### Office Information: (Please fill in your office information completely)

Name: \_\_\_\_\_ MLS OFFICE ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

**By my signature, I certify that the RI Dept. of Business Regulations has been notified of the above licensee change.**

\_\_\_\_\_  
PRINT NAME OF PRINCIPAL BROKER/MANAGER

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL BROKER/MANAGER

\_\_\_\_\_  
DATE

If you have any questions, please contact MLS Member Services at 401-785-9898 option 2.

Rev. 4/2021