

MULTIPLE LISTING SERVICE

REQUEST FOR USER ID AND PASSWORD NUMBERS FOR UNLICENSED BROKER/AGENT ASSISTANT

E-mail Completed Form to: membership@miamire.com

 □ Broker Assistant (BR) – FULL ACCESS • \$299 Annually (Prorated Monthly) □ Broker Assistant (LM) • \$99 Annually (Prorated Monthly) □ Agent Assistant (S0) • \$99 Annually (Prorated Monthly) 			700 S Royal Poinciana Blvd Suite 400 Miami, Fl 33166		MIAMI HQ Coral Gables	
			Main (305) 468-7000 Membership (305) 468-7005 Fax (305) 468-7030 membership@mianire.com		East Broward • DCOTA West Broward • Sawgras Northeast Broward	
				iamire.com		
☐ Appraiser Assistant (S0) • \$299 A	nnually (Prorated Monthly) *Search Or	nly *	MiamiR	ealtors.com	Jupiter • JTHS	
ASSISTANT NAME:			Date:			
OFFICE ADDRESS.	(Please Pr	rint)				
OFFICE ADDRESS:(Street)	(Apt. Number)	(City/	State)	(Zip)		
		WORD:	(Assigned by the Assn.)			
	Assn.)			he Assn.)		
CONTAINT NAIVIL.						
OFFICE CODE:	BROKER'S NAME:					
	Agent, hereby affirm that this Broker/Ago MLS access for administrative duties onl		s NOT a licensed	real estate	e Agent. The sole	
	consibility for the confidentiality and secu assessed against me by the Multiple Lis	•				
■ I understand that in the event the E Association dues and MLS fees wil	Broker/Agent Assistant engages in real es Il be assessed.	state activity v	vhile under the er	nploymen	t of the Broker/Agent,	
FULL ACCESS (COMPLETED APPLIC	CATIONS WILL BE PROCESSED WITHIN	N 24 to 48hr s	s. UPON RECEIP	T)		
BROKER/AGENT'S NAME:	r's name:			R.E. LICENSE #:		
BROKER SIGNATURE:						
AGENT SIGNATURE:			MLS PASSWORD:			
E-MAIL ADDRESS:						
BROKER/AGENT CONTACT:						
CREDIT CARD TYPE: ☐ VISA ☐ MA	STER CARD AMEX DISCOVER					
NAME ON CARD:						
	<u></u>				CVC#:	
BILLING ADDRESS:						

700 S Royal Poinciana Blvd Suite 400 | MIAMI HQ