

Member Change Form

Member Name: _____ Date: ___/___/___

NRDS # _____

Please check the appropriate box:

Personal Data Change

Complete this section to make changes to your personal information

Name (new or current): _____

Home Address: _____

Phone: _____ Email Address: _____

Preferred Phone: Home Cell Office

Transferring Offices

Complete this section if an agent is transferring from one RASM office to another RASM office.

Previous Office Name: _____

New Office Name: _____ Address: _____

Office Phone: _____

Preferred Phone: Home Cell Office

Broker Name: _____ Broker Signature: _____

Canceling RASM Membership

Complete this section to terminate an agent.

Office Name: _____ Address: _____

Office Phone: _____

Effective Date: _____

If joining another association, please state which one: _____

Reason for Cancellation: Transferred to non-member office Put license "on ice"

Left Real Estate Industry Transferred to LFRO entity Deceased

Other _____

Former Broker Name: _____

I understand that by providing my mailing address(es) and telephone number(s), I consent to receive communications sent from the REALTOR® Association of Southern Minnesota, the Minnesota Association of REALTORS® and the National Association of REALTORS® via U.S. mail, email, or phone at those number(s)/location(s).

Member Signature: _____

If you are *transferring offices*, please fill out the Agent Data Worksheet, the Authorization Level Paragon and MLS Security Agreement, if not you may leave these pages blank.

Agent Data Worksheet

Name: _____
(Last Name) (First Name) (Middle Initial)

Home Address: _____
(Street)

City: _____ State: _____ Zip: _____

Preferred Phone: Home Office Cell: _____

Office Name: _____

Office Address: _____
(Street)

City: _____ State: _____ Zip: _____

Office Phone: _____

Preferred E-mail Address: _____

Birth Date: ____/____/____

Real Estate License # _____ License Date: _____

Agent Designation(s): GRI CRS CRB ABR Other: _____

If you are or have been a REALTOR Member before, provide your previous NAR Membership (NRDS) number: _____

Authorization Level Paragon

As Broker, I authorize that the following agent licensed with my firm be allowed Paragon access to perform the following functions.

- User has full access to system except Input/Maintenance functions and can perform a Firm Inventory of their own listings.
- User has full access to system and may access the Input/Maintenance functions for their own listings.
- User may enter and maintain any listings in their office and perform a Full Firm Inventory.

Agent Name: _____

Firm Name: _____

Broker Signature: _____

Date: ____/____/____

MLS Security Agreement Broker/Agent

MLS passwords are distributed exclusively to those brokers and their agents who are participants of the REALTOR® Association of Southern Minnesota MLS, and those REALTOR® agents associated with them. These passwords are not to be distributed, loaned, or given to any other individual. Violations of this policy are to be promptly reported to the RASM office in writing. Fines for giving out passwords to anyone are:

- | | |
|--------------------------|---|
| 1 st Offense: | \$500.00 |
| 2 nd Offense: | \$1,000.00 |
| Subsequent Offenses: | Subject to suspension or termination by the Board of Directors of the REALTOR® Association of Southern Minnesota. |

I agree to abide by the rules and regulations concerning MLS Passwords. I understand that if I violate this policy, I will be subject to the above-listed fines.

Date: ____/____/____

Signature: _____

Company: _____