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*Member Change Form*

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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 Preferred Mail:  Home  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 Preferred Mail:  Home  Office

Broker Name: \_\_\_\_\_ Broker Signature: \_\_\_\_\_

**Cancelling RASM Membership**

Complete this section to terminate an agent; license must be returned to the Department of Commerce.

Attach copy of terminated license.

Office Name: \_\_\_\_\_ Address: \_\_\_\_\_

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: \_\_\_\_\_



**REALTOR® ASSOCIATION OF SOUTHERN  
MINNESOTA**

## 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 Mailing:  Home  Office

Mail Publications to:  Home  Office

Preferred E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Real Estate License # \_\_\_\_\_ License Date: \_\_\_\_\_

Agent Designation(s):  GRI  CRS  CRB  ABR  Other: \_\_\_\_\_

If you are now or have been a REALTOR Member before, please provide your previous NAR Membership

(NRDS) number: \_\_\_\_\_



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*Authorization Level*

*Paragon*

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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: \_\_\_\_\_



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*REALTOR® ASSOCIATION OF SOUTHERN  
MINNESOTA*

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Date: \_\_\_\_\_

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*MLS Security Agreement*

*Broker / Agent*

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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 MLS Committee in writing. Fines for giving out code words to **anyone** are:

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

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: \_\_\_\_\_