

## FAX: 252- 441-7524 MEMBER ADD <u>OR</u> CHANGE OFFICE ROSTER

Date:	Date: Office Name:		Location:	
Name: [		_ [ ] Add [ ]	[ ] Add [ ] Change [ ] Delete	
If Delete is ch	ecked, state reason for leaving M	ILS:		
NRDS NUMBE	ER:			
Nick Name (O	otional):			
MLS Access (Circle One)	Designated REALTOR® (Responsible for all BIC) Agent Personal Assistant Staff (MLS Waiver Required)	Association Membership (Circle One)	OBAR Member Other Association Member Specify Personal Assistant	
			MLS Only	
NC Real Estat	te License Number:	_		
User ID:	(up to 5 character	s alpha, numeric d	or combo)	
Telephone # t	o be displayed in Paragon:			
	Circle One: Cell Offic	ce Direct Line E	Extension Fax	
Preferred Em	ail Address: (Required)			
Personal Web	Page Address:			
Who will be re	esponsible for MLS Fee? (Circle One	e) Agent De	esignated REALTOR®	
For Staff Only	v − Provide name of agents for wh	no you require M	LS access (Assume Identity): _	
Any Other Ch	ange?			
Signature:			<del>-</del>	
	(Broker-in-Charge or Office Ma	anager must autho	orize Roster change)	
ASSOCIATION	USE ONLY			
Date	Agent Setup Fee	Agent Setup Fee Paragon Avectra		