



EBRD MLS Membership Form
Changing Office Information

Agent Name: _____ User ID: R _____

NEW OFFICE INFORMATION

Effective Date: _____ Office Name: _____

Office Mailing Address: _____
Street # Street Name Suite #

City State Zip

Office Phone: _____ Fax #: _____

NEW BROKER

Name: _____ User ID: R _____

Signature Required: _____ Date: _____

OLD OFFICE INFORMATION Required

Office Name: _____ Office City: _____

Broker Name: _____ Broker ID: R _____

Office Phone # _____ Fax #: _____

PERSONAL INFORMATION Fill in even if there are no changes

Home Address: _____
Street # Street Name Unit #

City State Zip

Home phone: _____ Fax #: _____

Email: _____ Web Page: _____

Office Use Only

New Service Center: _____
Name Date to Add New Member

Agent Code _____ Office Code _____ Security Level _____

PLEASE FAX TO 510-848-2439