

New Member Form

Name:	
	(Need to provide Letter of Good Standing if not voc, Kenosha, Ozaukee, Sheboygan or Lakes Association)
Secondary Association Membership (i	f applicable):
NRDS ID:	New Member License #
(Given from WRA)	
Email Address:	Web Address:
Primary Phone #:one)	Cell Office Home Other:(circle
Fax #: or	N/A DOB:(to verify members identity)
Office Information (Please provide the	e following information for the new member
Office Name:	Office Met ID:
Office Address	
Broker Name:	Broker met ID:
Signature:	Date:

New Member will receive a Welcome Aboard Email from Metro MLS within 24 hours after submitting application with their login credentials. If you do not receive it check your junk email or call membership at 414 778-5900 ext.2