

Association of Real Estate Professionals Clerical User Application
Applicants are encouraged to apply in person. We require a legible copy of your government-issued ID

APPLICANT INFORMATION

MEMBER #:_

Legal Name	Nicknam	e:	
Preferred Contact Phone:	Thi	s is a: 🗌 Cell F	Phone 🗌 Landline
Home Address:	City	State	Zip Code
Email:	Website:		
OFFICE INFORMATION			
Office Name:			
Office Address:			
Street	City	State	Zip Code
Main Office Phone:	Office	Fax:	
membership to the same level of the office's agents If my license status changes, I understand that I mu	•		
I do not have a California real estate license			
I have a California real estate license (expired, i	inactive, or active	active licenses mus	t be changed to NBA)
License #: Applications must include a copy of lic			
	ense.	Expiration	Date:
Date of Birth:Last 4 digits		(i.e. us	
Date of Birth: Last 4 digits Government-Issued ID:	s of SSN:	(ie.us yo Expirati	ed to verify your info. in case you forget

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MLS ACCESS PERMISSIONS

In order to assist a member and login under his/her account, Rancho Southeast REALTORS® must establish the correct permission level. Please fill-in all requested information below.

Please check one (1) box from the options below:

Individual Agent Assistant

Personal Assistant with Add/Edit rights only by Linking ID's (Reports will read: Working on behalf of Agent).

Personal Assistant/Private Team with Add/Edit rights plus full account access. (Please complete CRMLS Private Team Registration Form. Please contact Rancho Southeast REALTORS® membership department to obtain the form).

Office Assistant

Office Assistant with Add/Edit rights for the entire office.

PAYMENT INFORMATION

I authorize the Rancho Southeast REALTORS® to charge \$	on my:		
🗌 VISA 🗌 MasterCard 🗌 American Expre	ess 🗌 Discover		
Card Number:	_ CVV:		
Expiration Date:/ Cardholder's Signa	ature:		
REQUIRED SIGNATURES (All information below is required)			
Assistant's Signature:	Date:		
Responsible Agent's Name:			
Responsible Agent's MLS User ID: Email:			
Responsible Agent's Signature:	Date:		
Broker of Record Name:			
Broker's Signature:	Date:		

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