



WESTERN NEW YORK REAL ESTATE INFORMATION SERVICES INC.

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MLS MEMBERSHIP APPLICATION

Mr.[]Mrs.[]Ms.[]Miss[]	*Fields in Yellow a	re required	
Name:			
Company Name:			
Company Address:	City:	Zip Code:	
Company Phone:	Company Fa	x:	
Home Address:		Zip Code:	
Gender [] Male [] Female Date of Birth:	://	_ Home Phone: ()	
Cell Phone: ()Accep	ts Texts [] Yes [] No	Direct Line: ()	
Real Estate License Number:		Expiration Date:/	/
Email Address:			
I hold the following Designations: [] GR	RI []CRS []CRB		
	[] Other		
I prefer any and all mailings at my: []H	Iome [] Office		
Applicant's Signature		Date	

THERE ARE NO REFUNDS OF DUES OR FEES