



3320 Kay Road
Lakeside, AZ 85929
928-537-1107 phone | 928-537-3788 fax
wmr@wmaronline.com
www.wmaronline.com

NON-LICENSED SECRETARY MLS SUPER USER APPLICATION CHECKLIST

To ensure your application is processed as quickly as possible, please complete and/or include ALL applicable items with your application.

- ☐ All signature and initial lines are filled in and dated, where applicable, on all pages of the application
- ☐ Your User ID must be either 6-9 characters in length and must be alpha-numeric, with no symbols or punctuation.
- ☐ Your email address is complete, correct, and legible
- ☐ Form of payment is either attached to the application or via phone.
- ☐ A copy of your valid photo id (Front and Back)
- ☐ If the White Mountain Association of REALTORS® is to be your secondary association, please include a **Letter of Good Standing** from your primary association
- ☐ Letter/email from the Broker allowing Super User MLS Access, specifying if it is for the entire office or specific agent(s).

Your subscription application will be processed within **48 hours*** upon receipt of a **COMPLETE** application packet.

*excluding weekends and holidays.



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NON-LICENSED SECRETARY MLS SUPER USER SUBSCRIPTION APPLICATION

PLEASE PRINT/COMPLETE ALL FIELDS, IF NOT APPLICABLE, PLEASE USE N/A

Realizing that the White Mountain Association of REALTORS®, Inc., in cooperation with the Arizona Association of REALTORS® and the National Association of REALTORS®, endeavors to safeguard the true American principles of free enterprise in all business and professional fields, I hereby file application for Non-Licensed Secretary Super User MLS Membership in the White Mountain Association of REALTORS®, Inc.

OFFICE INFORMATION

Office: _____
Company Name Phone# Fax

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

_____ Professional License # _____
Email Address Website Address

Type of License: _____

I am applying for:

☐ Secretary Super User MLS Membership Has this office previously held a WMAR Membership? ☐ Yes ☐ No
\$120.00

wmar. _____
REQUESTED FLEX MLS USER ID

INDIVIDUAL CONTACT INFORMATION

Name: _____
Last First MI (Nickname)

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

_____ Birthdate
Home Phone Cell Phone Email Address

Email address for online billing: _____

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Signature of Broker: _____ Date: _____

Printed Name of Broker: _____

Your subscription application will be processed within **48 hours*** upon receipt of a **COMPLETE** application packet.
**excluding weekends and holidays.*

APPLICATION CREDIT CARD AUTHORIZATION FORM

Date: _____

NAME AS APPEARS ON CARD

NRDS #: _____

CIRCLE ONE:

VISA

AMERICAN EXPRESS

MASTERCARD

DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE & CVS Code

AMOUNT \$: _____

NEED RECEIPT? YES NO

E-MAIL ADDRESS: _____

***** If paying by check, please attach check to application when submitting*****