



JACKSON MULTIPLE LISTING SERVICE, INC.



3465 Ann Arbor Rd., Jackson Street, Jackson, MI 49202 ~ Phone: 517-787-6175 ~ Fax: 517-787-2223

Application for JMLS Only Member

PERMANENT ID NUMBER- _____ REALTOR / APPRAISER

USER'S NAME _____ (first, middle, last) **M / F**

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # () _____ - _____ VOICE MAIL # () _____ - _____

CELL PHONE # () _____ - _____ FAX PHONE # () _____ - _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS: _____

ANY DESIGNATIONS? GRI ABR CRS CRB OTHER _____

PRIMARY ASSOCIATION _____

FIRM NAME ASSOCIATED WITH _____

USER'S SIGNATURE _____ DATE _____

DESIGNATED REALTOR'S SIGNATURE _____ DATE _____

NOTE: One of these user data information forms will need to be filled out for each licensee associated with your office who is utilizing the system. (Make copies as needed.)