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## **MEMBER PERMISSION MLS CHANGE FORM**

Date:	
Member Name:	
NRDS #:	
Email Address	
Address	
Office Phone	
Phone	
Permission Level for the MLS Services	
Office Name	
Broker Name	
Broker's Signature	_
I understand that by providing above my mailing address(es), email address(es) and telephone nursent from the Greater Lakes Association of REALTORS®, the Minnesota Association of REALTORS® via U.S. mail, email, or telephone at those number(s)/locations(s).	
Member Signature	_