



West Central Association of Realtors®  
1025 – 19<sup>th</sup> Avenue SW, Suite 5  
Willmar, MN 56201  
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## Multiple Listing Service Agent Data Worksheet

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Office \_\_\_\_\_ City/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ NRDS # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary contact number to display: (check one)  Cell  Office  Home

Date of Birth \_\_\_\_\_ Real Estate License # \_\_\_\_\_

User Name (9 characters or less) \_\_\_\_\_

Password (temporary)  newmember \_\_\_\_\_

I agree to comply with the Rules and Regulations\* of the Multiple Listing Service of the West Central Association of Realtors®.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*The MLS Rules and Regulations can be accessed on the Association website:  
<http://wcarmn.com> Please contact Association Office for Members Only Password.