# BROKER PARTICIPATION INFORMATION FORM

Before accessing www.brightmls.com, the participant will be required to agree to the terms of the Bright Subscription agreement.

**PLEASE CHECK ONE:** ❒ **New Subscription/Office Information** ❒ **Change Office Information** ❒ **Reinstating Previous Subscription**

**SUBSCRIPTION ID OR LOGIN NAME** _____

Name: ☐Mr. ☐Mrs. ☐Ms. _____
First Name Middle Initial Last Name Nickname

Home Address _____

City _____ State _____ Zip _____ County _____

Home Phone (___) _____ Home Fax (___) _____ Cell Phone (___) _____

Voice Mail (___) _____ Voice Mail Ext. _____

Agent Office Phone (___) _____ Agent Office Fax (___) _____

Email Address _____

Company Name _____
*(Information must match Broker License)*

Office Address _____ City _____ State _____ Zip _____

Office Phone (___) _____ Office Fax (___) _____ County _____

My Primary **Association/Board** is: _____ Date Joined: _____
***(Information must be complete to qualify for Stakeholder / discounted fees)***

**NRDS ID #** _____

**My Other Association/Board Memberships are:**

_____ _____ _____

| State | License Number | Date Expires | Type of License |
|---|---|---|---|
| | | | ☐ Broker |
| | | | ☐ Broker |
| | | | ☐ Broker |

***A copy of your Broker's and Office License is required, please attach***

**IN WITNESS WHEREOF**, the Principal Broker Subscriber hereto has executed this Agreement as of the date set forth below.

**PRINCIPAL BROKER SUBSCRIBER**

By:_____(Signature)

Name:_____(Please Print)

Effective Date: _____

Please fax, email or mail all pages of your Broker Participation Information Form/Agreement along with a copy of your license(s) to:

**BRIGHT MLS, Inc.**
**909 ROSE AVENUE, SUITE 1050**
**NORTH BETHESDA, MARYLAND 20852**

**Customer Support: 1-844-55-BRIGHT (1-844-552-7444)**
**Support@brightmls.com**