

REALTOR® ASSOCIATION MARKETING CONSENT FORM (01/06/21)

| Personal Information | | | | | | | | | |
|-------------------------------------------------------------------------------------------|--------|----|--------------|----------------|------------|-------------------------------------------------------------------------------------|---------------|-------|-----|
| First Name | | | | Middle Initial | | | Last Name | | |
| Suffix/Prefix (Circle One) | | Ms | Miss | Mrs | Mr | Sr | Jr | III | DOB |
| Home Address | | | | | | | | | |
| City: | | | | State | | | Zip | | |
| Home Phone | | | | Cell Phone | | | | | |
| Primary E-mail | | | | | Website: | | | | |
| Company Information | | | | | | | | | |
| Company Name | | | | | | | | | |
| Company Address | | | | | | | | | |
| City: | | | | State | | | Zip | | |
| Office Phone | | | | | | | | | |
| Website: | | | | | | | | | |
| Contact Information - Other than E-mail, how do you want FLEX/EMR/MAR/NAR to contact you? | | | | | | | | | |
| Mail information to (Circle one) | | | Home address | | | Company address | | | |
| Phone contact (Circle one) | | | Home phone | | Cell Phone | | Company phone | | |
| License Information | | | | | | | | | |
| License # | Broker | | | Agent | | Appraiser | | State | |
| Sentrilock Lock Box Key # | | | | | | Join EMR Texting Service (circle one) YES NO | | | |
| Designated REALTOR® Signature | | | | | | TO BE COMPLETED BY DESIGNATED BROKER ONLY: Invoices are to be sent by E-Mail | | | |

I understand that by providing above my mailing address(es), e-mail address(es), telephone number(s), and FAX number(s), I consent to receive communications sent from East Mississippi REALTORS®, Mississippi Association of REALTORS®, and the National Association of REALTORS®, and EMRMLS via U.S. Mail, email, telephone, text or fax at those number(s)/location(s).

I understand that the East Mississippi REALTORS® primary point of contact will be via email. Occasional text messages or mailing via US Mail or telephone contact will be done on rare instances. I agree to provide the East Mississippi REALTOR®, and in turn, the Mississippi Association of REALTORS®, and the National Association of REALTORS® with any change of address and/or phone numbers as listed above. I further understand that the Board’s website will contain information regarding membership issues, meetings and board activities.

I understand that the East Mississippi REALTORS® will not distribute in any fashion my information to anyone not engaged in the Real Estate Industry, and in turn, I will not distribute in any fashion any personal information I may acquire as a result of my affiliation with this organization.

Signature _____

Date: _____