



MLS Subscriber Information Form

Please select only one (1) Subscription Type below

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| <input type="checkbox"/> Principal Broker Subscriber (PBS) | <input type="checkbox"/> Principal Appraiser Subscriber (PAS) | <input type="checkbox"/> Associate Subscriber |
| <input type="checkbox"/> Unlicensed Support Subscriber – Will need access to the service to maintain office listings. Applying for support subscription at a lower subscription monthly rate. | | |
| <input type="checkbox"/> *Licensed Support Subscriber Waiver Applicant – Licensee who will need access to the service to maintain office listings and does not participate in sales activities or receive commissions. Applying for support subscription at a lower monthly rate. | | |
| <input type="checkbox"/> *Licensed Exec/Staff Waiver Applicant – Licensed partners, officers, executives or administrative personnel at an office who do not need access to the service and will not participate in sales activities or receive commissions or referral fees. Principal Brokers and Brokers-in-Charge are not eligible for waivers. | | |

***Waiver applicants must complete and submit a waiver application subject to approval by the HIS Board of Directors annually.**

Please provide your license information below. Additional space is provided should you also have other licenses.

State License Type and #:	State License Type and #:	State License Type and #:
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Please print your name here: (If you are a licensee, please provide your name as it appears on your license.)

Last name	First Name	Middle Name/Initial(s)
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If you are a Licensed or Unlicensed Support Subscriber, please provide the name of the broker or agent who you support below:

Last Name	First Name	Middle Name/Initial(s)
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Please provide the information below. This information will be kept confidential.

Your home address: _____
Street Address
City
Zip Code

Your mailing address (if not the same as above): _____
Street Address
City
Zip Code

Home Phone #:	Home Fax #:	Personal Email Address:
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Please provide the information below. This information will appear wherever possible.

Subscriber’s Business Phone #:	Subscriber’s Cell or Mobile Phone #:	Subscriber’s Business Email Address:
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Subscriber’s URL/Website Address: (If any) _____

Name of Company: _____

Company’s Primary Contact:	Office ID #:
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Company’s registered business address: _____
Street Address
City
Zip Code

Company’s mailing address (if not the same as above): _____
Street Address
City
Zip Code

Company’s URL/Website Address: (If any) _____

Office Phone #:	Office Fax #:	Office Email Address:
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Please check off the local Board or Association of REALTORS® that you are a member of. If you do not belong a Board or Association of REALTORS®, please check off “None”

<input type="checkbox"/> Hawaii Island	<input type="checkbox"/> Kauai	<input type="checkbox"/> West Hawaii	<input type="checkbox"/> Honolulu	<input type="checkbox"/> Maui	<input type="checkbox"/> Other	<input type="checkbox"/> None
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If you have a NAR NRDS ID # please provide it below. _____

If you checked off “Other” above please provide the name of the Board of REALTORS® that you are a member of: _____

Email this form to Membership@HawaiiInformation.com, Fax to 1-888-628-3121 if faxing from the neighbor islands or to 536-6499 if faxing from Oahu, or Mail to Hawaii Information Service, 680 Iwilei Road #670, Honolulu, HI 96817.