



HATTIESBURG *Area* *Association of* **REALTORS®**

AGENT DATA WORKSHEET

NAME (Last, First, Middle Initial) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

OFFICE NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE # _____

OFFICE FAX # _____

DATE YOU WERE LICENSED WITH THIS OFFICE _____

*REAL ESTATE OR APPRAISER LICENSE # _____

DATE LICENSE ISSUED _____

*PRE-LICENSE COURSES TAKEN _____

DATE OF COMPLETION _____

PREFERRED MAILING ADDRESS (if different from office:

Please provide a copy of your current Real Estate License

Hattiesburg Area Association of REALTORS®, 411 Classic Drive, Hattiesburg, MS 39402

Phone (601)582-0099; Fax (601)582-0089; E-Mail: hattiesburgrealtors@haar-ms.org



HATTIESBURG *Area* *Association of* **REALTORS®**

INTERNET ACCESS AUTHORIZATION FORM

OFFICE NAME: _____

OFFICE PHONE: _____

OFFICE FAX: _____

ADDRESS: _____

USER FULL NAME: _____

LOGIN NAME: hat. _____

USER EMAIL ADDRESS: _____

ACCESS LEVEL: (please check one)

_____ APPRAISER

_____ REALTOR

_____ STAFF

_____ ASSISTANT (Unlicensed but assisting Licensed Agent)

User Signature: _____

Broker Signature: _____

Date: _____

Revised 2026

As a member of the Hattiesburg Area Association of REALTORS® (HAAR), I would like to receive information and alerts via text messages from HAAR. I understand this program is completely voluntary and that text messaging rates and fees may apply as determined by my cellular provider. HAAR is not responsible for any fees charged to me by my cellular provider. If at any time I wish to discontinue receiving text messages from HAAR, I must notify HAAR staff in writing to withdraw from the text program. This information will be used only by HAAR and the notification system that will be providing the service.

Name

Company

Cell Phone Number

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