

AGENT APPLICATION

Thanks for your interest in becoming an MRR Connection Agent. Please fill out our Agent application and email to MRRConnection@gmail.com. To be upfront, our application is free but if selected, The MRR Connection requires a yearly administration fee of \$50.00 per coverage area.

AGENT INFORMATION	:				
First Name* Email Address* License Number*		-	Last Name*		
		Phone Number*			
		_	Are you a m	Are you a member of NAR? Yes No	
Please select your military a	ffiliation. (select all t	that apply):			
Active Duty	Reserve	Veteran	Military Spouse	No Military Affiliat	ion
What Branch?					
Army	Navy	Marines	Coast Guard	Air Force	
Please provide us with the fo	ollowing links if avai	ilable:			
Personal website			Facebook		
LinkedIn					
BROKER INFORMATIO	N:				
Broker's First Name*		_	Broker's La	Broker's Last Name*	
Broker's Email Address*		_	Brokers Pho	one Number*	
Broker's Street Address*					
City*		State*	Zip*		

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The MRR Connection coverage areas are divided into counties. If accepted, agents get exclusive access to the county they choose.

COVERAGE AREA:

Additional counties will require an additional admir	ration fee. Please select your preferred coverage	area below.
Preferred County of choice*	State*	
Nearby military bases		
Additional County (requires additional admin fee)	State	
Nearby military bases		
Please provide us with a short bio that highlights yo	military background and why you are best suited	l to work with military families

Please provide us with a short bio that highlights your military background and why you are best suited to work with military families in your area. Please use the space below.

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^{**}SEND COMPLETED FORM TO MRRConnection@gmail.com! Our agent relations team will review your application and determine if you are a good fit for the MRR Connection. Thanks again for your interest in becoming a part of The MRR Connection.