

Membership Change Form

Complete Relevant Sections and Email to Leslie@faor.com

Agents/Brokers
PERSONAL INFORMATION CHANGE

___ Name ___ License Change
___ Address
___ Email Address
___ Phone/Fax Number
___ Website

Brokers
TRANSFER OFFICE/COMPANY

___ Moved to a New Company
___ Moved to a New Office
___ Reinstate Membership
___ Change of Office Name
___ Add Board Membership

LISTING TRANSFER

___ Listing Transfer

SEVER/Cancel

___ Membership
___ License/Licensee

PERSONAL INFORMATION

NAME: _____ M1/NRDS# _____ License# _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL _____ HOME _____ OFFICE _____

EMAIL: _____ WEBSITE: _____

OFFICE OR COMPANY TRANSFER

PLEASE NOTE: BROKERS MUST REPORT TRANSFERS/SEVERS WITHIN 24 HOURS OF NOTICE (\$50 FINE). COPY OF WALK-IN RECEIPTS FROM ODRE WILL ALLOW FOR FASTER TRANSFERS. \$50 AGENT TRANSFER FEE BILLED TO AGENT APPLIES.

DEPARTING OFFICE: _____ EXIT DATE: _____

DEPARTING OFFICE ADDRESS: _____
(City, State and Zip Code)

NEW OFFICE: _____ TRANSFER DATE: _____

NEW OFFICE ADDRESS: _____
(City, State and Zip Code)

DO YOU HAVE ACTIVE LISTINGS? ___ YES ___ NO

(PLEASE NOTE: THE MLS LISTING TRANSFER FORM & Broker Authorization MUST BE COMPLETED AND SIGNED BY ALL PARTIES IF AGENT HAS LISTINGS)

SIGNATURE: _____ (REQUIRED) **DATE:** _____

Person filling out form

PRINT NAME: _____ **BROKER SIGNATURE** _____

Person filling out form

FOR OFFICE USE ONLY:

Magic: ___ M1 (NRDS): ___ WEBSITE (Affiliates): ___ Date RCVD _____ Date Completed _____ Initials ___

Agent Transfer Fee Applied: _____ Forewarn _____ State Inactive Date _____