

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: _____ Person filling out form **(REQUIRED)** **DATE:** _____

PRINT NAME: _____ Person filling out form **BROKER SIGNATURE** _____

FOR OFFICE USE ONLY:
 Magic: _____ M1 (NRDS): _____ WEBSITE (Affiliates): _____ Date RCVD _____ Date Completed _____ Initials _____
 Agent Transfer Fee Applied: _____ Forewarn _____ State Inactive Date _____