



AFFILIATE MEMBERSHIP CHANGE FORM

Affiliate | Affiliate with Key | Appraiser

COMPLETE ALL RELEVANT SECTIONS AND FAX TO 623.931.1008

1

CHANGE OFFICE _____ PERSONAL INFORMATION CHANGE _____ INACTIVATE MEMBERSHIP _____

2

AFFILIATE GENERAL INFORMATION

(to be filled out by the affiliate requesting the change) * required information-used to verify

NAME:* _____ NRDS# _____ MLS ID _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Preferred Mailing Address: Home Mailing Office

CELL PHONE: _____ HOME PHONE: _____

Preferred Phone: Cell Home Office Preferred Fax: Home iFAX Office

HOME FAX: _____ iFAX: _____

Will these changes affect your WeMAR iFAX account? **Y** | **N** EMAIL: *

3

FOR OFFICE CHANGE ONLY (to be filled out if affiliate is changing office locations or companies)

OLD OFFICE NAME: _____ OFFICE MLS ID _____

NEW OFFICE NAME: _____ OFFICE MLS ID _____

NEW OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

4

AFFILIATE'S SIGNATURE: _____ (required) DATE: _____

For office use ONLY:

MLS: _____ NRDS: _____ Website: _____ Access: _____ Office NRDS# _____

West Maricopa Association of REALTORS®

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