



5830 W. Paltaire Ave ♦ Glendale, Arizona 85301 Telephone (623) 931-9294 ♦ Fax (623) 931-1008

MEMBERSHIP CHANGE FORM

1

SEVERED AGENT _____ CHANGE OFFICE _____ PERSONAL INFORMATION CHANGE _____
SEVERED MEMBERSHIP _____ LICENSE INACTIVE _____

AGENT GENERAL INFORMATION (to be filled out by the agent requesting the change)

NAME: _____ MLS ID: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREFERRED PHONE: _____ PREFERRED FAX: _____

HOME PHONE: _____ CELL PH: _____

HOME FAX: _____ EMAIL: _____

2

FOR OFFICE CHANGE ONLY (to be filled out if agent is changing offices, or if office is changing names)

OLD OFFICE NAME: _____ OLD OFFICE ID: _____

NEW OFFICE NAME: _____ NEW OFFICE ID: _____

NEW OFFICE ADDRESS: _____

*There is a \$10.00 fee for changing from one company to another company within the West Maricopa County Regional Assoc. of REALTORS®. Change must be made at ADRE prior to changing in the MLS. To transfer listings, fax separate Listing Transfer Form for each listing.

3

FOR MOVING TO A NEW COMPANY

I Hereby accept and assume all rights and obligations pursuant to the ARMLS Keybox & Supercard User Agreement as the new responsible Broker.

****CURRENT (new company's) BROKER'S SIGNATURE:** _____

**** signature required if agent has changed offices**

4

FOR SEVERED AGENT:

As Broker, I have severed the above agent from _____ (office name) & have sent the agent's real estate license back to the Department of Real Estate.

****CURRENT BROKER'S SIGNATURE:** _____

**** signature required if agent has been severed**

5

6

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

Credit Card # _____ Exp. Date _____