



AFFILIATE MEMBERSHIP CHANGE FORM

AFFILIATE | AFFILIATE with KEY | APPRAISER

ALL CHANGES WILL BE COMPLETED AS SOON AS POSSIBLE, NO LATER THAN THE END OF THE NEXT BUSINESS DAY

COMPLETE ALL RELEVANT SECTIONS AND FAX TO 623.931.1008 OR EMAIL TO MEMBERSHIP@WEMAR.ORG

1

PERSONAL INFORMATION CHANGE

- Name
- Address
- Email Address
- Phone/ Fax
- Website

OFFICE CHANGE

- Moved to a New Company
- Update Office Information

INACTIVATE

- Membership

2

PERSONAL INFORMATION CHANGE

NAME: _____ NRDS# _____ MLS ID _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

Preferred Phone: () Cell () Home () Office

Preferred Fax: () Home () iFAX () Office

WEBSITE: _____ EMAIL: _____

Will these changes affect your WeMAR iFAX account? Y | N Would you like this change updated in ARMLS? Y | N

3

OFFICE OR COMPANY TRANSFER (Have you moved to a new company or a different office within the same company?)

OLD OFFICE: _____ OFFICE MLS ID _____

NEW OFFICE: _____ OFFICE MLS ID _____

NEW OFFICE ADDRESS: ** _____

CITY: _____ STATE: _____ ZIP CODE: _____

4

SIGNATURE: _____ (required) DATE: _____

PRINT NAME: _____

For office use ONLY:

MLS: _____ NRDS: _____ Website: _____ Date: _____ Office NRDS# _____