



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

NAME: _____ NRDS# _____ MLS ID _____

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

1

PERSONAL INFORMATION CHANGE (2)

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

TRANSFER OFFICE/COMPANY (3)

- Moved to a New Company
- Moved to a New Office

SEVER

- Membership

2

PERSONAL INFORMATION CHANGE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

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/ COMPANY TRANSFER (Have you moved to a new company or a new office?)

PLEASE NOTE: ALL CHANGES MUST BE COMPLETE IN ADRE PRIOR TO SUBMISSION

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# _____