



OFFICE INFORMATION CHANGE FORM

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

1

OFFICE NAME CHANGE _____ OFFICE ADDRESS / INFO CHANGE _____

BROKER CHANGE _____ ADD A BRANCH OFFICE _____

2

CHANGE CURRENT OFFICE INFORMATION

BROKER'S NAME: _____ OFFICE NRDS# _____

OFFICE NAME: _____ OFFICE MLS# _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

ADDITIONAL CHANGES: _____

3

ADD A BRANCH OFFICE

BROKER'S NAME: _____ OFFICE NRDS# _____

NEW OFFICE NAME: _____ NEW OFFICE MLS ID _____

NEW OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

4

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

For office use ONLY:

MLS: _____ NRDS: _____ Website: _____ Access: _____ QuickBooks: _____