



REALTOR® MEMBERSHIP CHANGE FORM

Designated REALTOR® | REALTOR®

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

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

LISTING TRANSFER (4)

- Listing Transfer

SEVER

- Membership
- License/Licensee

2

PERSONAL INFORMATION CHANGE

NAME: _____ NRDS# _____ MLS ID _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

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

DO YOU HAVE ACTIVE LISTINGS?

PLEASE NOTE: 1 FORM MUST BE COMPLETED FOR EACH LISTING, AND ALL FORMS MUST BE SIGNED BY ALL PARTIES

YES _____ NO _____

[COMPLETE LISTING TRANSFER FORM](#) | ONCE COMPLETED EMAIL TO: MEMBERSHIP@WEMAR.ORG

5

SIGNATURE: _____ (required) DATE: _____

Print Name: _____

For office use ONLY:

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

West Maricopa Association of REALTORS®

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