



# 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

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

### LISTING TRANSFER (4)

- Listing Transfer

### SEVER

- Membership
- License/Licensee

# 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

### 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](mailto:MEMBERSHIP@WEMAR.ORG)

# 5

SIGNATURE: \_\_\_\_\_ (required) DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_

For office use ONLY:

MLS: \_\_\_\_\_ NRDS: \_\_\_\_\_ Website: \_\_\_\_\_ Date: \_\_\_\_\_ Office NRDS# \_\_\_\_\_