

Date: _____

MEMBER/OFFICE INFORMATION CHANGE FORM

FAR/FMLS WILL NOT BE RESPONSIBLE IF INCORRECT INFO IS PROVIDED

Member Profile Update Office Transfer

Member Name: _____ Member #: _____

DRE License #: _____ NRDS #: _____

Member Profile Update*

OLD Member Information:

Home Address: _____

E-mail Address: _____

Web Address: _____

Home Phone #: _____ Cell Phone #: _____

Fax #: _____

New Member Information:

Home Address: _____

E-mail Address: _____

Web Address: _____

Home Phone #: _____ Cell Phone #: _____

Fax #: _____

Office Transfer[¥]

Member has listings to be transferred to new office? YES NO *Requires a Listing Transfer Form if "YES"

OLD Office Information:

Office Name: _____ Office #: _____

Office Address: _____

Office Phone #: _____ Office Fax #: _____

New Office Information:

Office Name: _____ Office #: _____

Office Address: _____

Office Phone #: _____ Office Fax #: _____

SIGNATURE OF MEMBER

SIGNATURE OF BROKER *¥

* Broker signature not required for Member Profile Update

¥ Broker signature required for Office Transfer

FOR STAFF USE ONLY

STAFF SIGNATURE

Updated Supra _____

Scanned _____