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MEMBER CHANGE FORM

Date: _____

Member Name: _____ NRDS #: _____

Please Check the Appropriate Box:

Personal Data Change

Complete this section to make changes to your personal information.

Name (new or current) _____

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Preferred Phone ___ Home ___ Cell ___ Office Preferred Mail ___ Home ___ Office

Transferring Offices

Complete this section if an agent is transferring from one GLAR office to another GLAR office.

Previous Office Name _____

New Office Name _____ Address _____

Office Phone _____

Preferred Phone ___ Home ___ Cell ___ Office Preferred Mail ___ Home ___ Office

Principal Name _____ Principal Signature _____

Cancelling GLAR Membership

Check the appropriate box below to terminate an agent; license must be returned to the Department of Commerce. Attach copy of terminated license.

Office Name _____ Address _____

Effective Date _____ If joining another Association, please state which one _____

Reason for Cancellation:

- Transferred to a non-member office
- Put license "on ice"
- Left Real Estate Industry
- Transferred to LFRO entity
- Deceased
- Other

Former Broker Name _____ Signature _____

I understand that by providing above my mailing address(es), email address(es) and telephone number(s), I consent to receive communications sent from the Greater Lakes Association of REALTORS®, the Minnesota Association of REALTORS® and the National Association of REALTORS® via U.S. mail, email, or telephone at those number(s)/locations(s).

Member Signature _____