



Info Change Form

Member Name: _____

Date: _____ NRDS # _____

FILL OUT ALL THAT APPLY

PERSONAL Data Change—*Complete this section to make changes to your personal information*

Previous Name _____ Current Name: _____

Home Address _____ City, State, Zip _____

Email: _____ Preferred Phone _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

OFFICE Data change—*Broker complete this section if your office has changes*

Previous Office Name: _____

CHANGES:

Change Office Name to: _____

Change Office Address to: _____

Change Office Phone to: _____ - _____ - _____ Change Office Email to: _____

Previous Office: Broker: _____

New Office Broker: _____

MEMBER TRANSFER—*Complete this section if an agent is transferring from one GLAR office to another GLAR office.
\$50 fee to be paid at time of transfer.

Previous Office Name: _____

New Office Name: _____ Agents Preferred Phone: _____

New Office Address: _____ City, State, Zip: _____

New MLS Permission Level: _____ New Email: _____

New Broker Name: _____ New Broker signature: _____

CANCELLING MEMBERSHIP—*Check the appropriate Box to terminate an agent; license must be returned to the Department Of Commerce. Attach copy of terminated license.*

Office Name: _____

Effective Date: _____

Reason for Cancellation: Transfer to non-member Office License on Ice Left Real Estate Industry

Whole Office Cancellation (list names and NRDS# of each member on separate sheet) Transferred to LFRO entity

If joining another Association, which one: _____ Deceased Other: _____

Designated Broker/Appraiser Signature: _____

****Member Signature** _____