



# 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.*  
*\*There is a one-time fee to be paid at time of transfer.*

Previous Office Name: \_\_\_\_\_

New Office Name: \_\_\_\_\_ Agents Preferred Phone: \_\_\_\_\_

New Office Address: \_\_\_\_\_ New Email: \_\_\_\_\_

New MLS Permission Level: \_\_\_\_\_ AGENT'S MLS ACCESS \_\_\_\_\_ MATRIX \_\_\_\_\_ FLEX

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** \_\_\_\_\_