



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: _____ Previous Office Broker: _____

CHANGES:

Change Office Name to: _____ Change Broker Name to: _____

Change Office Address to: _____

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

☐ **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.*

A membership application needs to be completed if an agent is transferring to GLAR from another association.

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: _____

Does agent have any office assistants that will also need to be inactivated? **Y / N**

If yes, assistant's name: _____ NRDS/GLAR # _____

****Former Broker/Responsible Member Signature:** _____

rev 1/2024