Info Change Form

Use for Realtor®/Agents, Affiliates, Licensed Assistants, Unlicensed Assistants/Office Staff
BROKER or OFFICE MANAGER **MUST SIGN** IF TERMINATING OR TRANSFERRING A REALTOR®/AGENT
EMAIL FORM TO OFFICE@GREATERLAKESREALTORS.COM

MEMBER

First Name:_____ **Middle:**_____ **Last Name:** _____

Date: _____ **M1 Number** (NRDS/MLS number): _____

PERSONAL INFO

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

Previous Name _____ Current Name:_____

Home Address_____

City, State, Zip_____

Email:_____ Cell Phone: __ __ __ - __ __ __ - __ __ __ _

OFFICE INFO CHANGES

OFFICE Data change—*Complete this section if your office is changing names, brokers, addresses, phone numbers, email.*
NOTE: If the new Broker is not a current GLAR member, please fill out the new member application as well.

Previous Office Name:_____ Previous Office: Broker: _____

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

Change Office Address to:_____

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

MEMBER TRANSFERS

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

Transferring from Office (old office) Name:_____

Transferring to (new office) Name: _____ New Office Address:_____

Agent New Email: _____ New MLS Permission Level:_____

AGENT'S MLS ACCESS _____MATRIX _____FLEX

TERMINATIONS

TERMINATIONS—*Broker's check the appropriate Box to terminate a realtor/agent;* ***license must be returned to the Department Of Commerce****. Please make sure the realtor/agent has returned to you any lockboxes assigned to your office.*

Office Name:_____ Effective Date:_____

Reason for Termination (please check the appropriate box(s) below.

	Transferred to another office/Assn		Transferred to an LFRO		Left the real estate industry
	Putting license on ice		Unknown - no contact		Retired
	Left the real estate industry		Deceased		Other:

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

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

SIGNATURES

****SIGNATURE REQUIRED TO COMPLETE CHANGES**

Printed Name_____

Member/Office Staff Signature *(required for personal info change)* _____

Broker/Office Staff Signature (required for transfer or termination) _____

15344 Pearl Drive Baxter MN 56425 218-828-4567 office@greaterlakesrealtors.com
www.greaterlakesrealtors.com

MEMBER PERMISSION MLS CHANGE FORM

Date: _____

Member Name: _____

NRDS #: _____ _____ _____ _____ _____ _____ _____ _____ _____

Email Address _____

Address _____

Office Phone _____

Phone _____

Permission Level for the MLS Services _____

Office Name _____

Broker Name _____

Broker's 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 _____