



REALTOR® MEMBERSHIP CHANGE FORM

Designated REALTOR® | REALTOR®

1 COMPLETE ALL RELEVANT SECTIONS AND FAX TO 623.931.1008

PERSONAL INFORMATION CHANGE _____ CHANGE OFFICE _____
SEVERED LICENSEE _____ SEVER ASSOCIATION MEMBERSHIP _____ INACTIVE RE LICENSE _____

2 REALTOR® GENERAL INFORMATION (to be filled out by the member requesting the change) * required information-used to verify

NAME:* _____ NRDS# _____ MLS ID _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Preferred Mailing Address: () Home () Mailing () Office

CELL PHONE: _____ HOME PHONE: _____

Preferred Phone: () Cell () Home () Office Preferred Fax: () Home () iFAX () Office

HOME/iFAX: _____ OFFICE FAX: _____

Will these changes affect your WeMAR iFAX account? **Y** | **N** EMAIL: * _____

3 FOR OFFICE CHANGE ONLY (to be filled out if member is changing office locations or companies)

Change must be complete in ADRE prior to changing in MLS. To transfer listings, fax separate [Listing Transfer Authorization](#) for each listing. **Address needed to verify Office ID.

OLD OFFICE NAME: _____ OFFICE MLS ID _____

NEW OFFICE NAME: _____ OFFICE MLS ID _____

NEW OFFICE ADDRESS:** _____

CITY: _____ STATE: _____ ZIP CODE: _____

4 MOVING TO A NEW COMPANY (New Broker)

I hereby accept and assume all rights and obligations pursuant to the ARMLS Keybox and Supercard User Agreement as the new responsible Broker.

NEW BROKER'S SIGNATURE: _____ (required) DATE: _____

5 SEVERED LICENSEE

As Broker, I have severed the above licensee from _____ (office name) and have sent the licensee's real estate license back to the Arizona Department of Real Estate.

PREVIOUS BROKER'S SIGNATURE: _____ (required) DATE: _____

REALTOR'S SIGNATURE: _____ (required) DATE: _____

For office use ONLY:

MLS: _____ NRDS: _____ Website: _____ Access: _____ Office NRDS# _____

West Maricopa Association of REALTORS®

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