Member Change Form



Office Name:			
Address:	City:	_State: _	Zip
Qualifying Broker (DR) (please print):			
Changes for a Member:			
Member Name (please print):		_ Effective Date:	
Member Name (please print):		_ Effectiv	ve Date:
☐ Email Address ☐ Cell Phone Number ☐ Home Address ☐ Other ☐	er □ Home Phone Numbe 	er	☐ Name Change
Current:	Change to:		
Current:	Change to:		
 If above member is a holder of a Lockbox Key If above member has an active IDX feed, men If this form is to "Delete" a licensee, the QB n If this form is to "Delete" a licensee, reinstate guides for more information. □ Add this member to my office There is an agent transfer fee of \$25.00 each payment with transfer request. If this form is for a licensee transferring from agreement addendum to have their listings to If above member is transferring from another agreement to idx@gaar.com. Previous IDX agreement to idx@gaar.com. 	nber must contact idx@gaar.com nust return the license to the Real ement fees for GAAR and SWMLS in time an agent transfers from on another office they will need to c ransferred to the new office. It office, and has an active IDX we greement will be void.	to termine Estate Conwill apply. e office to omplete the	ate their IDX agreement. mmission within 48 hours. Please refer to the pricing another office. Please submit he separate GAAR listing hber must submit a new IDX
*Office name change requires a completed new of	office setup form and correspo	onding ne	w office fees.
☐ Office Address ☐ Office Phone Num	nber	umber	☐ Qualifying Broker
Current:			
Change to:			
Additional Comments:			
Signature of Qualifying Broker (DR)			

This form must be signed by the Qualifying Broker in order to process any changes.

Please allow 24-48 hours for requested changes to transfer in the GAAR and SWMLS membership.