

Member Change Form

Office Name:					
Address:		City:	State: _		<u> </u>
Qualifying Broker (plea	ase print):				
Changes for a Me	mber:				
Member Name (please print):			Effective Date:		
Member Name (please print):			Effective Date:		
☐ Email Address ☐ Home Address	☐ Cell Phone Number☐ Other	☐ Home Phone Number	ſ	□ Name	e Change
Current:		Change to:			
Current:		Change to:			
☐ Delete this member	r from my office	☐ Add this men	nber to	my offic	e
 There is an agent payment with training a payment with training a payment with training a payment with a payment is to "lift this form is for a greement adden agreement adden changes for an Other payment and payment with training and payment a	Delete" a licensee, the QB must Delete" a licensee, reinstateme nformation. a licensee transferring from and dum to have their listings trans	me an agent transfers from one treturn the license to the Real on the fees for GAAR and SWMLS we will need to consterred to the service.	e office to Estate Cor vill apply. Implete th	another o mmission v Please refu	ffice. Please submit within 48 hours. er to the pricing e GAAR listing
☐ Office Address	□ Office Phone Numbe				
Current:					
Change to:					
Additional Comments:					
Signature of Qualifying B	Date				

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.

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