Member Change Form



Effective January 1, 2020

Office Name:					
Address:		City:	State:	Zip	
Qualifying Broker/DR (p	lease print):				
Member Changes:					
Member Name (please	print):		Effective Date:		
Member Name (please	print):		Effective Date:		
☐ Email Address ☐ Home Address	☐ Cell Phone ☐ Other		□ Name Change		
Current:	rrent: Change to:				
Current:	Change to:				
 each time an agent If this form is for a agreement addend If above member is 	my office Inster fee of \$25.00 (po transfers from one off licensee transferring fr um to have their listing transferring from ano	ayable to SWMLS) and an I fice to another office. Pleas om another office they will as transferred to the new of ther office, and has an activ X agreement will be void.	e submit payments with t need to complete the sepo fice.	ransfer request. arate GAAR listing	
Office Changes:					
☐ Office Address	☐ Office Phone	☐ Office Fax	☐ Qualifying Bro	ker	
Current:					
Change to:					
Additional Comments:					
Signature of Designated Qualifying Broker (DR)			Date		

Please allow 2 business days for requested changes to transfer in the GAAR and SWMLS membership.