Member Change Form



Effective January 1, 2020

Office Name:			
Address:	City:	State:	Zip
Qualifying Broker/DR (please print):			
Member Changes:			
Member Name (please print):		Effective Date:	
Member Name (please print):		Effective Date:	
☐ Email Address ☐ Cell Phone ☐ Home Address ☐ Other		☐ Name Change	e
Current:	e to:		
Current:	Change to:		
guides for more information. Add this member to my office There is an MLS transfer fee of \$25.00 are office to another office. Please submit pa If this form is for a licensee transferring from agreement addendum to have their listing. If above member is transferring from ano	yment with transfer reque rom another office they will gs transferred to the new o ther office, and has an acti	<mark>st.</mark> need to complete the se ffice.	parate GAAR listing
agreement to idx@gaar.com. Previous ID Office Changes: *Office name change requires a completed ne □ Office Address □ Office Phone Current:	ew office setup form and	☐ Qualifying Br	
Change to:			
Additional Comments:			
Signature of Designated Qualifying Broker (DR	<u></u>	Dat	e

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