

## Change Form

Use for REALTOR®, Affiliate, Unlicensed Assistants or Office Support staff

**BROKER OR OFFICE MANAGER MUST SIGN UNDER SIGNATURE AREA IF TERMINATING OR TRANSFERRING AN AGENT**

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------------------------|-----------------------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------------|--|-----------------------------------------------------|--------------------------------------------------|--|
| Member                                                             | Date _____<br>First Name _____ Last Name _____ Middle Name _____<br>MLS Number/NRDS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| Office Transfers                                                   | <b>CHECK APPROPRIATE BOX(ES)</b><br><input type="checkbox"/> <b>TRANSFER</b> (complete this section if <u>an agent</u> is transferring from one office to another)<br>Transferring FROM (old office) Name: _____<br>Address _____ City _____ State _____ Zip _____<br>Transferring TO (new office) Name: _____<br>Address _____ City _____ State _____ Zip _____<br>Preferred Email _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| Personal Contact Info                                              | <input type="checkbox"/> <b>Change Personal Information</b> (complete this section if <u>your personal</u> information is changing in any way)<br>Name _____ Email _____<br>Street Address _____<br>City _____ State _____ Zip _____ County _____<br>Preferred Phone _____ Mobile Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| Office Contact Changes                                             | <input type="checkbox"/> <b>Change Office Information</b> (complete this section if <u>the office</u> is changing it's name, phone #, email address.<br>Agents transferring use the office transfers section.)<br>Old Office Name _____ MAAR Office ID # _____<br>New Office Name _____<br>New Address _____<br>City _____ State _____ Zip _____ County _____<br>Office Phone _____ Fax _____<br>Website _____ Email _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| Terminations                                                       | <p><b>Brokers – Check the appropriate box below to terminate an agent. License must be terminated on the Pulse Portal website. If this agent holds an eKEY, please have the agent contact our Supra department to arrange termination. Supra will continue to bill DisplayKEY holders until their DisplayKEY and cradle are returned to the association.</b></p> <p><b>Reason for Termination – please check the appropriate box(es):</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Transferred to another office/association</td> <td><input type="checkbox"/> Did not pay dues</td> <td><input type="checkbox"/> Retired</td> </tr> <tr> <td><input type="checkbox"/> Transferred to a non-REALTOR® office</td> <td><input type="checkbox"/> Unsure, cannot reach</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Transferred to an LFRO entity</td> <td><input type="checkbox"/> Military leave</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Left real estate industry*</td> <td><input type="checkbox"/> Putting license on hold</td> <td></td> </tr> </table> <p><small>* NOTE THAT IF AGENT BECOMES INACTIVE FOR MORE THAN 60 DAYS, THERE IS \$100 REINSTATEMENT FEE.</small></p> | <input type="checkbox"/> Transferred to another office/association | <input type="checkbox"/> Did not pay dues | <input type="checkbox"/> Retired | <input type="checkbox"/> Transferred to a non-REALTOR® office | <input type="checkbox"/> Unsure, cannot reach | <input type="checkbox"/> Deceased | <input type="checkbox"/> Transferred to an LFRO entity | <input type="checkbox"/> Military leave |  | <input type="checkbox"/> Left real estate industry* | <input type="checkbox"/> Putting license on hold |  |
| <input type="checkbox"/> Transferred to another office/association | <input type="checkbox"/> Did not pay dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Retired                                   |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| <input type="checkbox"/> Transferred to a non-REALTOR® office      | <input type="checkbox"/> Unsure, cannot reach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Deceased                                  |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| <input type="checkbox"/> Transferred to an LFRO entity             | <input type="checkbox"/> Military leave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| <input type="checkbox"/> Left real estate industry*                | <input type="checkbox"/> Putting license on hold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |
| Signatures                                                         | Print Name Clearly _____<br>Signature of Agent/Office Staff (Needed if changing personal contact info) _____<br>Signature of Broker/Office Staff (Needed if transferring or terminating an agent) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                           |                                  |                                                               |                                               |                                   |                                                        |                                         |  |                                                     |                                                  |  |

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