



Office Change Form

Date: _____

Office Name _____ Office ID _____

Broker/Designated REALTOR® _____ Member ID _____

Check Appropriate Box(es)

Change Office Contact Information:

Change Firm Name - New Firm Name _____
Please attach copy of legal documents/revised license

Change Office Street Address to _____

Change Office Mailing Address to _____

Change Office Phone to _____

Change Office Fax to _____

Broker/Designated REALTOR® Signature _____

Change Broker/Designated REALTOR® or Office Manager

Previous Broker/Designated REALTOR® _____ Member ID _____

New Broker/Designated REALTOR® _____ Member ID _____

Previous Office Manager _____ Member ID _____

New Office Manager _____ Member ID _____

Previous Broker/Designated REALTOR® Signature _____

New Broker/Designated REALTOR® Signature _____

New Office Manager Signature _____

Cancelling Office Membership with SPAAR

I hereby wish to cancel my office membership with the Saint Paul Area Association of REALTORS®.

Office Name _____ Office ID _____

Office Address _____ City, State, Zip _____

Effective Date _____ If joining another association, please state which one _____

Broker/Responsible Member Signature _____