



## Member Change Form

Date: \_\_\_\_\_

Member Name \_\_\_\_\_ Member ID \_\_\_\_\_

### Please Check the Appropriate Change:

#### Personal Data Change

Complete this section to make changes to your personal information.

Name (new or current) \_\_\_\_\_

Name as you want it to appear on the MLS \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Email Address\* \_\_\_\_\_

\*Note: Shared email addresses with other members may impact your ability to use SPAAR's On Demand education services.

#### Transferring Offices

Complete this section if an agent is transferring from one office to another. A membership application needs to be completed if an agent is transferring to SPAAR from another Association.

Previous Office Name \_\_\_\_\_ Previous Office ID \_\_\_\_\_

New Office Name \_\_\_\_\_ New Office Office ID \_\_\_\_\_

Office Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Agent's Email Address\* \_\_\_\_\_ Agent's Preferred Phone \_\_\_\_\_

\*Note: Shared email addresses with other members may impact your ability to use SPAAR's On Demand education services.

Broker/Responsible Member Signature \_\_\_\_\_

#### Cancelling SPAAR Membership

Check the appropriate box below to terminate an agent; license must be returned to the Department of Commerce - please attach copy of terminated license.

Office Name \_\_\_\_\_ Office ID \_\_\_\_\_

Office Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Effective Date \_\_\_\_\_ If joining another association, please state which one \_\_\_\_\_

#### Reason for Cancellation:

- |                                                             |                                               |
|-------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Transferred to a non-member Office | <input type="checkbox"/> Put license on "ice" |
| <input type="checkbox"/> Left Real Estate Industry          | <input type="checkbox"/> Deceased             |
| <input type="checkbox"/> Transferred to LFRO entity         | <input type="checkbox"/> Other _____          |

Former Broker/Responsible Member Signature \_\_\_\_\_