



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) _____

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Preferred Phone _____

Email Address _____

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 _____

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 _____