



## 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 \_\_\_\_\_