



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

Change Office Email 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 \_\_\_\_\_