



MEMBER CHANGE FORM

Please use this form when an agent transfers into your office from another office or when an agent leaves your office to help us keep our records up to date.

It is not needed for a brand new agent joining your office as they will fill out a membership application.

Transfer: _____ Delete: _____ Reactivate: _____

Date: _____

Member Full Name: _____

If Member Transfer, complete the items below:

Old Office Name: _____

City: _____

New Office Name: _____

City: _____ Effective Date: _____

For Deletes, complete items below:

Reason for deletion:

Signature of Broker/Office Manager

Please fax to Mid-State to help keep our records up to date. Thank you for your assistance.

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