



# Member Change Form

Use this form to request a change in member information or office affiliation.  
Please email completed form to [MemberServices@MarinCountyRealtors.com](mailto:MemberServices@MarinCountyRealtors.com)

 OFFICE TRANSFER OFFICE SEVERANCE UPDATE CONTACT INFO

*This section to be filled out by member AGENT. Please complete with updated information as you would like it to be reflected in your account.*

Full name as it appears on your real estate license \_\_\_\_\_

Preferred Name \_\_\_\_\_

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

Preferred Contact # \_\_\_\_\_  
 Home  Cell

Mailing Address \_\_\_\_\_

Member Signature \_\_\_\_\_

Please Include DRE Printout   
reflecting the change

DRE License # \_\_\_\_\_ Date \_\_\_\_\_

*This section to be filled out by your BROKER.*

## Old Office Information

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

Office DRE # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Signature of Broker (required for severance) \_\_\_\_\_

Broker Name  
(Please Print) \_\_\_\_\_

Date \_\_\_\_\_

## New Office Information

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

Office DRE # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Signature of Broker (required for new office  
or transfer) \_\_\_\_\_

Broker Name  
(Please Print) \_\_\_\_\_

Date \_\_\_\_\_

**MAR Use Only - Member Change Form**

 UPDATE RAPATTONI UPDATE SUPRANET SEND TO BAREIS

Staff Initials \_\_\_\_\_