MARIN REALTORS®

Member Change Form

Use this form to request a change in member information or office affiliation.
Please email completed form to MemberServices@MarinREALTORS.org

☐ 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 _____