



FOR OFFICE USE ONLY

Member # _____

Office # _____

File Active / File Terminated (circle one)

Date Processed _____

Change of Membership Status

Type of Change: Name Change Home Address Change Transferring to a New Firm Termination

Member

Name _____

License Number _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____

Transfer

To be completed by the Broker or Manager at agent's NEW firm.

New Firm Name _____

New Firm Address _____

City _____ State _____ ZIP _____

New Firm Number _____

OLD Firm Name _____

Signature

_____ Date _____

New Broker or Manager

Termination

To be completed by the Broker or Manager of firm agent is leaving.

Firm Name _____

Broker or Manager _____

Reason for termination:

Transferring to New Firm Deceased Leaving area or industry

License returned to DPOR Other

Signature

_____ Date _____

Broker or Manager