



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 _____

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

Transfer	New Firm Name _____
	New Firm Address _____
	City _____ State _____ ZIP _____
	New Firm Number _____
	OLD Firm Name _____

Signature _____ **Date** _____

New Broker or Manager

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

Termination	Firm Name _____
	Broker or Manager _____
	Reason for termination:
	<input type="checkbox"/> Transferring to New Firm <input type="checkbox"/> Deceased <input type="checkbox"/> Leaving area or industry
	<input type="checkbox"/> License returned to DPOR <input type="checkbox"/> Other

Signature _____ **Date** _____

Broker or Manager