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MEMBER STATUS CHANGE FORM

- Notice of Transfer
 Notice of Termination
 Inactive
 Address Change
 Other _____

Please complete all applicable fields:

Name _____

Old Office _____

New Office _____

Office Address _____ City _____ Zip _____

Office Phone _____ Office Fax _____

Home Address _____ City _____ Zip _____

Home Phone _____ Home Fax _____

PRIMARY Phone _____ Cell Phone _____

Email _____ Website _____

Primary Mailing Address OFFICE HOME

Effective Date _____ Submitted By _____

**Services will not be transferred
without signatures of both brokers**

Agent's Signature

Date

Previous Broker's Signature

Date

New Broker's Signature

Date