



# MEMBERSHIP CHANGE FORM

**Email form to:** [sgar@sgarealtors.org](mailto:sgar@sgarealtors.org)

**Transfer fee:** \$15

**Section A and B:** Must be completed.

**Section C:** Complete *only* if you *do not* have verification of change of licensure at the MREC. (ie: copy of the MREC Information and License Change form, or email confirmation of change)

**Section D:** Complete when the license is being returned to the MREC.

## Section A: Member information:

Name: \_\_\_\_\_ License #: \_\_\_\_\_

License Type: \_\_\_\_\_ REALTOR®/ Salesperson \_\_\_\_\_ Broker REALTOR® / Broker

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

## SECTION B: Broker Signature/ Attached MREC transfer form.

\_\_\_\_ MREC Verification: One of the following:

- *MREC Information and License Change form,*
- *email verification from MREC,*
- *screenshot of the MREC site showing the change.*

\_\_\_\_ If the MREC form is not attached, broker signature is needed and complete Section C.

Office MLS ID: \_\_\_\_\_ Office NRDS Number: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION C: DO NOT HAVE VERIFICATION FROM MREC OF THE BROKERAGE CHANGE.

Complete *only* if you *do not* have verification of change of licensure at the MREC.

**Former Brokerage/ Office/ Referral Brokerage:** (If transferring license from the MREC please write "MREC" rather than a firm name)

Former Brokerage/ Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## New Brokerage/ Office/ Referral Brokerage:

New Brokerage/ Office Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office MLS ID: \_\_\_\_\_ Office NRDS Number: \_\_\_\_\_

**SECTION D: Returning license to the state:** If a member/broker is surrendering a member's license to the MREC, complete the following.

\_\_\_\_ Attach a copy of the MREC transfer form, email verification from MREC, Screenshot of the MREC site showing the change.

SGAR OFFICE USE:				
Date:		RCVD Requested by:		
<input type="checkbox"/> Transfer fee PAID	<input type="checkbox"/> GrowthZone	<input type="checkbox"/> Constant Contact	<input type="checkbox"/> Quickbooks	<input type="checkbox"/> _____
<input type="checkbox"/> PrimAssoc Notified	<input type="checkbox"/> Supra	<input type="checkbox"/> FOREWARN	<input type="checkbox"/> FB group	<input type="checkbox"/> _____
<input type="checkbox"/> ____ LOGS/ ____ MREC	<input type="checkbox"/> MARIS	<input type="checkbox"/> Forms R Us	<input type="checkbox"/> Change E-folder	<input type="checkbox"/> _____