

SUBURBAN WEST REALTORS® ASSOCIATION
PROFESSIONALISM • INTEGRITY • SERVICE

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CHANGE FORM

NAME: _____ LICENSE # _____

AGENT TRANSFER

LEAVING OFFICE OF: _____
(Name) (Address)

TRANSFERRING TO OFFICE OF: _____
(Name) (Address)

AGENT ESCROW/DROP

ESCROWING LICENSE ____ TRANSFERRING TO REFERRAL STATUS ____ TRANSFERRING TO NON-MEMBER OFFICE ____

NOTE: State and National dues are transferred when going from one association to another for the current year.

NEW MEMBER NOTIFICATION

NAME: _____ LICENSE #: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE # _____ EMAIL _____

EMAIL AN APPLICATION PACKET? ____ YES AGENT WILL BE APPLYING FOR MEMBERSHIP
 NEWLY LICENSED AGENT
 AGENT FROM ANOTHER ASSOCIATION
 AGENT RE-APPLYING

____ NO AGENT WILL NOT BE APPLYING FOR
MEMBERSHIP. PLEASE SEND A BILL FOR THE
NON-MEMBER ASSESSMENT.