

CHANGE FORM - OFFICE
 RVAR and/or SOMLS

Today's Date _____ Effective Date _____

ADD OFFICE

Office Name _____ Office Code _____

Name of Designated REALTOR® / Participant _____

If adding an additional firm location (branch office) or if adding an office to RVAR only, please fill out the address, phone, fax, etc in the Changes/Updates section below.

If the addition of a new office to SOMLS is also a new Participant, the DR/Participant must also submit an SOMLS Participant application, the accompanying fees, and other required documentation.

DELETE OFFICE

Office Name _____ Office Code _____

This office will be removed from the roster and the DR will be credited for any applicable SOMLS services for the next month ONLY if the delete notice is received PRIOR to the 1st of the month.

(Adding or Deleting an office is valid ONLY with the signature of the Designated REALTOR®/Participant of the office noted.)

OFFICE INFORMATION CHANGES AND/OR UPDATES

Office Name

Please change our existing office name _____
to _____

Office Address

Street _____

PO Box _____

City, State, Zip _____

Office Phone _____ Office Fax _____

Office Email _____ Website _____

Preferred Contact: Mail Office Fax Office Email

Designated REALTOR® / Participant Signature: _____

SOMLS/RVAR Office Use Only:

ADD: SOMLS Fees BUL RAP

MLS Office Code _____

DELETE: SOMLS Fees BUL RAP

Office NRDS # _____