

CHANGE FORM – MEMBER
☐ RVAR and/or ☐ SOMLS

Today's Date _____ **Effective Date** _____

Name _____ **MLS Agent #** _____
(New members: this number will be assigned to you.)

Office _____ **MLS Office #** _____
(New offices: this number will be assigned to you.)

This individual is:

- ☐ **A NEW MEMBER** (If transferring from another association we need a letter of good standing)
- ☐ **TRANSFERING FROM ANOTHER OFFICE** (A \$10.00 transfer fee will be charged to the
- ☐ licensee) **REACTIVATING**
- ☐ **DELETING FROM THE ABOVE OFFICE**

(Adding or deleting a licensee is not valid without the signature of the
Designated REALTOR® or Designated Broker of the office noted.)

☐ **PERSONAL INFORMATION CHANGES AND/OR UPDATES**

Home Physical Address (Street, City, State & Zip):

Home Mailing Address (If different from Home Physical Address):

Mail To: Home Office Preferred Contact: Mail Email

Home Phone _____ Cell Phone _____

Direct Office Line _____ Email _____

Name Change _____

Signature(s):

Designated REALTOR®/Broker (if required)

Licensee

SOMLS/RVAR Office Use Only:

MLS Password _____

NEW AGENT: FEES MOM RAP FLEX OREA KEY LTR ORNT SCAN

TRANSFER: FEES MOM RAP OREA LIST KEY BL SCAN

DELETE AGENT: FEES MOM RAP OREA LIST KEY BL SCAN

Agent NRDS# _____

Office NRDS# _____

Office MLS ID _____