



MEMBERSHIP STATUS CHANGE FORM

NORTH METRO REALTORS® ASSOCIATION
11450 ROBINSON DRIVE
COON RAPIDS, MN 55433

North Metro REALTORS® Association

763-757-7230, Fax 763-757-7296

MEMBER NAME: _____
MEMBER # _____
MEMBER NRDS # _____
MEMBER E-MAIL _____

PLEASE CHECK THE APPROPRIATE CHANGE:

_____ **FIRM TRANSFER**

Present Firm: _____ New Firm: _____
Present Firm #: _____ New Firm #: _____
Present Address: _____ New Phone #: _____
City/Zip: _____ New Fax #: _____
Keypad Serial # _____ Address: _____
Lockbox Serial #'s _____ City/Zip Code: _____

Member of the North Metro REALTORS® Association: _____ Yes _____ No

If no, please fill out a membership application _____

Designated REALTOR® Signature _____

_____ **TERMINATION**

Date: _____ Firm #: _____
Firm Phone #: _____ Fax #: _____
Termination/Copy of License Attached YES _____ NO _____

Designated REALTOR® Signature _____

_____ **PERSONAL DATA CHANGE**

Name: _____ Home Phone #: _____
Home Address: _____ City/Zip: _____
Home Fax #: _____ E-Mail: _____

Member Signature _____