

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)
- TRANSFERRING FROM ANOTHER OFFICE** (A \$5.00 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

Agent NRDS# _____

TRANSFER: FEES MOM RAP OREA LIST KEY BL SCAN

Office NRDS# _____

DELETE AGENT: FEES MOM RAP OREA LIST KEY BL SCAN

Office # _____