



MEMBER / OFFICE CHANGE INFORMATION

TYPE OF CHANGE

☐ OFFICE ☐ OUT OF BOARD ☐ COMPANY ☐ ADDRESS ☐ PHONE #

MEMBERSHIP CHANGE INFORMATION

DATE: _____

MEMBER NAME: _____ AGENT ID#: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____ INTERNET: _____

PREFERRED MAILING ADDRESS: ☐ OFFICE ☐ HOME

NEW OFFICE AFFILIATION

OFFICE ID#: _____

NEW OFFICE NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

OFFICE PHONE: _____ OFFICE FAX: _____

.....
OLD OFFICE ID#: _____

OLD OFFICE NAME: _____

SIGNATURE (Member or Either Broker): _____

FOR OFFICE USE ONLY

INFORMATION CHANGED BY: _____ DATE: _____

FAX (818) 240-3572 -or- Email: gaor@gaor.org