



## REALTOR /AFFILIATE CHANGE FORM

- Agent Changed Broker Office
- Cancelling Membership
- Change Contact Information
- Request Leave of Absence
- Return from Leave of Absence

Name: \_\_\_\_\_

Home Address Change: \_\_\_\_\_

Update E- Mail Address: \_\_\_\_\_

Preferred Mailing Address: Home:  OR Office:

### **Agent Transferring Offices:**

Previous Office Name: \_\_\_\_\_

New Office Name: \_\_\_\_\_

New Office Address: \_\_\_\_\_

### **Agent Returning:**

Returning from Leave of Absence: Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Agent/Affiliate Cancelling:**

Request Leave of Absence (*Maximum of one year*): Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Request Cancellation: Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Cancelling \_\_\_\_\_

**Signature**

**Date**

PLEASE RETURN TO: Membership  
FAX: (707) 422-9140  
EMAIL: membership@nscar.net