



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: _____

Phone Number: _____

Preferred Mailing Address: Home: OR Office:

Agent Transferring Offices:

Previous Office Name: _____

New Office Name/Broker: _____

Previous Office Address: _____

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