



WIREGRASS BOARD OF REALTORS®

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MEMBER OF NATIONAL ASSOCIATION OF REALTORS®

MEMBERSHIP CHANGE FORM

From _____ Date _____

Individual or Firm/Company Name as listed on WBOR records:

CHANGE/CORRECTION/ADDITIONS

⊗ **Mark All Changes That Apply.** It is not necessary to complete information where a change has not occurred.

<input type="checkbox"/> Name
<input type="checkbox"/> Social Security #
<input type="checkbox"/> Individual License #
<input type="checkbox"/> Member Class
<input type="checkbox"/> Company / Firm Name
<input type="checkbox"/> Primary Board
<input type="checkbox"/> Send Mail To: <input type="checkbox"/> Home <input type="checkbox"/> Office
<input type="checkbox"/> Home Address
<input type="checkbox"/> Home Phone
<input type="checkbox"/> Contact Person (For Affiliates)
<input type="checkbox"/> Firm License Number
<input type="checkbox"/> Company / Firm Address
<input type="checkbox"/> Company / Firm Phone
<input type="checkbox"/> Company / Firm FAX
<input type="checkbox"/> Firm Designated REALTOR®
<input type="checkbox"/> Other
<input type="checkbox"/> Terminate Member
<input type="checkbox"/> Terminate Firm
<input type="checkbox"/> Member to Inactive Status
<input type="checkbox"/> Transfer Membership
From: _____
To: _____
<input type="checkbox"/> Transfer Fee \$50.00

Signature