

## Office Change Form

**If you are currently a member of MCAR, this form is to be used when there is a change in your office affiliation.**

Name:		Real Estate License #	
Home Address:			
Home City	ST	Zip	Home Phone #
PLEASE INCLUDE YOUR EMAIL ADDRESS:			
New Office Affiliation:			
New Office Address:			
New Office City:		ST	Zip
New Office I.D.:			
New Office Phone:			
Old Office Affiliation:			
Old Office Address:			
Old Office City :		ST	Zip

**Principal REALTOR®'s Signature**

**Date:**

**PLEASE FAX OR MAIL TO: Elaine Gatlin, Director of Membership**