

AFFILIATE CHANGE OF STATUS REQUEST

FIRM NAME _____

Check One Add New Designated Affiliate Add New Additional Affiliate Remove Affiliate
(Submit a Membership Application and Fees for New Member)

Change Firm Name

Change Firm Address/Phone/Fax/Email/Website

REMOVE PRIOR MEMBER (NAME) _____

CURRENT INFORMATION:

NAME _____
(FIRM or Member Name)

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

WEBSITE _____

NEW INFORMATION:

NAME _____
(FIRM or Member Name)

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

WEBSITE _____

EFFECTIVE DATE OF CHANGE _____

SIGNED _____
(Designated Affiliate or Authorized Signature)

**** Notice if Annual Dues are paid by the Firm the Membership remains with the Firm.**

**** Notice if Annual Dues are paid by the Member the Membership may transfer if requested.**

SUBMIT CHANGE FORM BY MAIL OR FAX TO:

Greater Lewisville Association of REALTORS, Inc

Attention: Membership Department

997 S. Edmonds Lane, Lewisville, TX 75067

Ph. (972) 221-4606 Fax (972) 436-2184

GLAR Use: Date _____ Entered by _____ Office # _____