



Member Change Form

Type of Change (Check appropriate box)

Transfer Severance Office Address Change Home Address Email Change

Member Information

Name _____ DRE# _____
Home Address _____ Phone Number _____
City/State/Zip _____
E-Mail Address _____

Transfer Information

It is understood that in order for a SILVAR member to retain membership with SILVAR or the MLS, the Broker MUST be a SILVAR member or MLS member.

Transferring **from**: Office Name _____
Address _____
City/State/Zip _____
Transferring **to**: Office Name _____
Office Phone Number _____ Fax Number _____
Address _____
City/State/Zip _____
Signature of Salesperson _____ Date _____
Broker Signature _____ Date _____

Severance of SILVAR Member

When an Association is severed from a member firm, this form must be submitted to the Association within 10 days of severance.

The licensee named above has been severed from my firm and license has been removed from my premises.

Signature of Designated REALTOR® (Broker) _____ Date _____

SILVAR Office Use Only:
Date processed: Rapattoni _____ PRDS _____ MLS _____ SUPRA _____ M# _____