

PAAR

PEORIA AREA ASSOCIATION OF REALTORS®

Membership Change Form

Effective Date: _____

INDICATE TYPE OF CHANGE:

Add *Change* *Remove* *Transfer*

A copy of the 45 day permit sponsor card must be attached to this form for all *Additions* and *Transfers*. A copy of the terminated license must be attached to this form for all *Removals*.

License #: _____

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Company Name: _____

Company Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ Fax #: _____

E-Mail Address: _____

TRANSFER INFORMATION:

From: _____

Company Name / Location

To: _____

Company Name / Location

DESIGNATION ADDITIONS:

GRI CPM
 CRS ABR
 CRB CCIM

OTHER _____

Please include designation documentation.