

**ROCKY MOUNTAIN
ASSOCIATION OF REALTORS®**

501 E FRONT ST
Butte, Mt 59701
(406) 723-3356

CHANGE OF INFORMATION FORM
(Please print clearly)

Member Name: _____

NRDS Number: _____

Current Office Name: _____

Member Change: I have new information, please update the following:

Cell phone: _____

Email: _____

Home Fax: _____

Home Phone: _____

Home Address: _____

Name Change: _____

Mail Preference: Home Office

Website Address: _____

Member Termination: Please present or fax copy of signed Board of Realty Regulation Change form. Membership dues and all other board accounts are required to be paid in full before termination.

Office Transfer: I am changing offices, please update my record:
New Office Name: _____

Address: _____

Office Closure: Membership dues and all other association accounts are required to be paid in full before termination. This form must be signed by the Designated Broker of the office.

Designated REALTOR® Signature

Date