

**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