

THREE RIVERS ASSOCIATION OF REALTORS®

INDIVIDUAL ROSTER UPDATE

(Not a "Membership Application")

815-744-4520

fax# 815-744-7677

Date: _____ Update for (name): _____ MLS ID# _____ (If MLS member)
Real Estate License # _____ NRDS # _____

Type of Transaction: (PLEASE NOTE: ONE FORM PER AGT CHANGE OR OFC CHANGE)

Delete From: Office Name: _____
(Include copy of signed license) Office MLS ID#: _____ (If MLS member)

Transfer From: Office Name: _____
Office MLS ID#: _____ (If MLS member)
To: Office Name: _____
Office MLS ID#: _____ (If MLS member)

Name Change From: _____
To: _____

NAR Designations Achieved-
(ie: CCIM, GRI, CRS, CRB, etc)

Home or Office (circle one) From: _____
Address Change City: _____ Zip: _____
To: _____
City: _____ Zip: _____

Home, Cell, or Office (circle one) From: () _____ -
Phone or Fax Change (circle one) To: () _____ -

Email Address Change From: _____
To: _____

NEED:

REALTOR® Signature

DR/Manager Signature

NOTE: New members to Three Rivers must submit a "Membership Application," as well as Association dues and MLS fees (if office is an MLS member). Call the Association office for the amounts.