



West Central Association of REALTORS®

10443 Northland Drive

Big Rapids, MI 49307

231-796-3640

wcar@westcentralaor.org

Membership Status Change Form

Form covers many changes, only fill out area pertaining to the requested change.

Member Office Transfer:

All transfers must be reported by the 15th of ANY month to ensure proper billing of MLS services

Use this area to request a change in the records of WCAR (membership/MLS). Changes will not be made if area information is incomplete. If the information is incomplete, no changes will be made and the form will be returned for completion. The form is not intended to be used for the Department of Licensing and Regulatory Affairs (LARA) Services.

1) Member Name: _____

2) Nrds Number: _____

3) Member email: _____

4) Current Office: _____

Your signature below, states you are reporting that the above-named individual (#1) is no longer licensed with the broker and/or affiliated as an employee or independent contractor of the above-named Office (#4).

5) Current Broker Signature: _____

6) Transfer Date: _____

7) Listing Transfer Information:

*List below all listings that **Current Broker** is allowing to be transferred to the above-named member and below-named transfer office (#9). The transfer member & employing broker will obtain newly signed listing agreements and update the MLS listing within 4 days of obtaining signature(s).*

Transfer Listing(s):			
MLS #		Address:	
MLS #		Address:	
MLS #		Address:	
MLS #		Address:	
MLS #		Address:	

Your signature below, states you are allowing the above listing(s) to be transferred.

8) Current Broker Signature: _____

9) Transfer Office: _____

Address: _____

Phone: _____

Your signature below, states you are reporting that the above-named individual is now licensed with the broker and/or affiliated with the firm name-above (#9) with WCAR.

10) Transfer Office Broker Signature: _____

11) Transfer Fee: \$25.00

(Send form & transfer fee from transferring member to wcar@westcentralaor.org)

Member Termination:

All transfers must be reported by the 15th of ANY month to ensure proper billing of MLS services

Use this area to request a change in the records of WCAR (membership/MLS). Changes will not be made if area information is incomplete. If the information is incomplete, no changes will be made and the form will be returned for completion. The form is not intended to be used for the Department of Licensing and Regulatory Affairs (LARA) Services.

***The DR may still be responsible for outstanding membership dues amounts for non-members, regardless of termination, including Supra key and keybox lease. ***

- 1) Member Name: _____
- 2) Real Estate License #: _____
- 3) Office Name: _____
Address: _____
Phone: _____
- 4) Termination Date: _____
- 5) Termination Reason:
 Board Transfer Office Transfer Retirement Deceased Termination

Your signature below, states you are reporting that the above-named individual (#1) is no longer licensed with the broker and/or affiliated as an employee or independent contractor of the above-named Office (#3).

- 6) Broker Signature & Date: _____

Other Member Changes:

Office Address:

Office Name: _____
Old Address: _____
New Address: _____

Broker Signature: _____ Date: _____

Member Address:

Member Name: _____
Old Address: _____
New Address: _____

Member Signature: _____ Date: _____

Email Address: Please print clearly.

Office Email:
Office Name: _____
Old email: _____
New email: _____

Broker Signature: _____ Date: _____

Member Email:

Member Name: _____

Old email: _____

New email: _____

Member Signature: _____ **Date:** _____

Phone Number: Please print clearly.

Office Phone:

Office Name: _____

Old phone #: _____

New phone #: _____

Broker Signature: _____ **Date:** _____

Member Phone:

Member Name: _____

Old phone #: _____

New phone #: _____

Member Signature: _____ **Date:** _____

Other:

Explain: _____

Broker / Member Signature: _____ **Date:** _____

(circle signature type)

Processed by WCAR Staff/ (date & initials): _____