

## **Membership Change Form**

Date:	_ Your name:	Effective date of the change:			
Type of Change	(Please check all that applies.)				
☐ Office Transfer	☐ Inactivate Membership	☐ Member Type change (Example: From Associate Broker to Responsible Broker. (Responsible Broker's Signature required on Terms & Acknowledgment Agreement.)			
☐ Address Change	☐ Transfer Membership	☐ E-mail up	date		
☐ Member Informa	tion Update	Other			
Preferred Maili	Preferred Billing Method (Please check one.)				
□Home	□ Office	С	) Mail	□ Er	nail
Current Informa	ation (Information currently on file at	the Association.,	)		
Member Name: License number:					
	Fax:				
_	on ade with the Connecticut Real Estate Cor				
				State:	Zip:
Phone:	Fax:		_ E-mail:		
Designated Responsible above-named reamount of dues for or office named her amount times the nor office who are no participation in the	LOSE A \$40.00 TRANSFER FE sible Brokers® Terms & Acknowledgemer eal estate office or appraisal office, I will which I will be personally and individuall ein, shall be in such amount as established umber of real estate licensees or certifies of themselves REALTOR® members of the Multiple Listing Services that I, as the Device and as the participant am responsible	nt: I understand and pay all dues and for all dues and for all the pay and responded annually by the dappraisers emphassociation. I furthis ignated REALTOF	nd agree that ees as estab nsible, as Do e Board of D loyed by or ther underst R, am an ind	RIEN BOAI at as Designate dished and that esignated REAL irectors for my otherwise affili and that if I ap	d REALTOR* of the total TOR* of the firm self, plus an ated with my firm ply for

\_\_\_\_\_\_ Date: \_\_

Responsible Broker's Signature: