

#### Adobe Acrobat Reader is required to fill out this form. Download it here REALTORS<sup>®</sup> Association of South Central Wisconsin, Inc. South Central Wisconsin MLS Corporation

4801 Forest Run Road, Suite 101 • Madison, WI 53704-7337 Telephone (608) 240-2800 • Email: member@wisre.com



Last Name

First Name

**Middle Initial** 

Agent Code

If there are phone numbers you don't wish to have displayed, please don't include them on this form.

# CHANGE OF INFORMATION

**Member Information** 

(If transferring, please see section below.)

New Last Name	New First Name		New Middle Initial	
New Preferred Phone # (# on listings)		New Cell Phone #		
New Agent Website		New Agent E-Mail Address		

### **Home Information**

New Street Address			New Home Phone #		
New City	New State	New Zip	New Home Fax #		

## Office Information (Office changes can only be made by the broker. If transferring offices, please see below.)

New Office Name			
New Office Address			New Office Phone
New City	New State	New Zip	New Office Fax #
New Office E-mail			New Office Website

## **OFFICE TRANSFER**

Firm Transferring From: Effe

Encouve	Duic		lanoi	01.	
Effective	Date	oti	ranst	er:	

				Office Code	
Office Address	City	State	Zip	Phone	
Please Circle Member Type:	DESIGNAT	ED BROKER	APPRAISEI	R SALES ASSOCIATE	AFFILIATE

Firm	Transferri	ıg To:
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Office Name				Office Code	
Office Address				Office Phone	
City	State	Zip	New Preferred Pho (# on listings)	one #	
New Agent E-mail			New Agent Website	e	
Please Circle Member T	уре:	DESIGNATED BROKER	APPRAISER S	ALES ASSOCIATE	AFFILIATE

Signature -

Date .

If you haven't already, please be sure to also notify the Dept. of Safety & Professional Services (DSPS) of any changes.