



## 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 update
- Member Information Update       Other \_\_\_\_\_

### Preferred Mailing Address *(Please check one.)*

- Home       Office

### Preferred Billing Method *(Please check one.)*

- Mail       Email

### Current Information *(Information currently on file at the Association.)*

Member Name: \_\_\_\_\_ License number: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Office ID: \_\_\_\_\_

Company address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### New Information

Date change was made with the Connecticut Real Estate Commission: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Office ID: \_\_\_\_\_

Company address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***PLEASE ENCLOSE A \$25.00 TRANSFER FEE PAYABLE TO: DARIEN BOARD OF REALTORS.***

Designated Responsible Brokers® Terms & Acknowledgement: I understand and agree that as Designated REALTOR® of the above-named real estate office or appraisal office, I will pay all dues and fees as established and that the total amount of dues for which I will be personally and individually liable and responsible, as Designated REALTOR® of the firm or office named herein, shall be in such amount as established annually by the Board of Directors for myself, plus an amount times the number of real estate licensees or certified appraisers employed by or otherwise affiliated with my firm or office who are not themselves REALTOR® members of the Association. I further understand that if I apply for participation in the Multiple Listing Services that I, as the Designated REALTOR®, am an individual member of the Multiple Listing Service and as the participant am responsible for all dues and fees for MLS service.

Responsible Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_