



**Tri-Counties
Association of REALTORS®**

**Member Change Form
TRI-COUNTIES ASSOCIATION OF REALTORS®**

MEMBER TRANSFER:

Member Name _____
_____ Transfer member to another office

From _____
(Previous Company Name)

To _____
(Current Company Name)

(Address)

(Phone/Fax Numbers)

Is this a NEW office to Tri-Counties? YES NO (please circle one)

_____ Please DELETE membership with Tri-Counties Association of REALTORS®

Required Broker Signature _____

MEMBER CHANGES:

* _____ Change Home Address _____

* _____ Change Preferred Mailing Address to Home Office

* _____ Change Home Phone Number _____

* _____ Change Preferred Contact Phone Mobile Home Office Pager

* _____ Change Home Fax Number _____

* _____ Change Email/Web Site Address _____

_____ Change Name

From _____

To _____

Required Member Signature _____

*Make your changes online www.tricorealtors.com Click on the pencil to access IMS Member Services.
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Phone Number (909) 594-5992
Fax Number (909) 594-7156