

PAR MEMBER CHANGE FORM

PLEASE NOTE: Reinstatement Forms are processed within 1-2 business days and in the order received. No exceptions made. If you are changing companies, your new DR/ Broker must be a member of PAR. If they are not, processing time may be delayed and services may be temporarily interrupted.

PLEASE SELECT CHANGE(S) THAT APPLY:

Name Address Phone Web Email Company

PAR Member # OR Agent MLS Id _____ Date _____

Member Name (Please Print Clearly) _____

Are you the Broker/DR? Yes No

If YES: Please also complete a Company Change Form to ensure proper updating of all accounts!

ALL FIELDS IN THIS SECTION ARE MANDATORY (This form is in the exact data entry order for Accuracy)

Current residence address: _____

(office address/P.O. Boxes are not permitted)

City, State, Zip Code: _____

Email Address: _____

SEE THE NEXT SECTION BELOW ON A SUGGESTION TO PREVENT SPAM / JUNK EMAILS.

ALL FIELDS IN THIS SECTION ARE VOLUNTARY

2nd Email (for MLS system only -Note: you will receive junk mail at this email. Suggestion: set up and use a free email account.)

2nd Email Address: _____ @ _____

Home Phone# _____ Cell Phone # _____

Home Fax # _____

ALL FIELDS IN THIS SECTION ARE MANDATORY

Preferred Phone: Cell Home Office (office number on file)

Preferred Fax: Home Office (office fax number on file)

Preferred Mail: Home Office Other : _____

FIRM SEVERING (LEAVING) FROM

Company Name: _____ Broker Code: _____

Street Address: _____

FIRM (HIRING) TRANSFERRING TO

Company Name: _____ Broker Code: _____

Street Address: _____

Personal Web address: <http://www.> _____

Completed by (signature): _____

FAX THIS FORM BACK TO
602-246-1512