



MEMBERSHIP CHANGE FORM

Use one form per salesperson

Fax to: St. Louis REALTORS®
Attn: Membership Department FAX: 314-576-7143

Or Email: membership@stlREALTORS.com

Complete Section A: If member is TRANSFERRING TO your firm or changing offices within your firm.

Complete Section B: If member is surrendering his/her license to the Missouri Real Estate Commission or transferring to a different Broker/Office.

PLEASE PRINT

Name: _____ License #: _____

License Type: Salesperson Broker Salesperson

Firm Name: _____ Broker Code: _____

A

Firm Street Address: _____

City: _____ State: _____ Zip: _____

*Home Street Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Date of Birth: _____

*Email Address: _____ Website: _____

Transfer from (Firm): _____

Address: _____

(If transferring license from MREC please write "MREC" rather than a firm name)

Name: _____ License #: _____

B

Surrendered License to Missouri Real Estate Commission

Transferred to another company (Please complete next line). If you do not have the information, leave blank.

Transferred to (Firm): _____

Address: _____

SUBMITTED BY: _____ Broker Code: _____ DATE: _____

Broker Signature required in order to process.

**Updated home and e-mail address required.*