

Member Add/Change Form

7015 Hodgson Memorial Drive Savannah, Georgia 31406 Phone: 912-354-1513 Fax: 912-354-1751



Email completed form to: membership@savannahboardofrealtors.com

ALL APPLICABLE INFORMATION MUST BE COMPLETED FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED AND NOT PROCESSED UNTIL COMPLETE PLEASE ATTACH VERIFICATION OF CHANGES FROM GEORGIA REAL ESTATE COMMISSION EXAMPLE (NEW POCKET CARD, DROP RECEIPT – IF UNLICENSED COPY OF PHOTO ID)

PLEASE TYPE OR PRINT CLEARLY

Calastona	PLEASE TYPE OF	R PRINT CLEARLY			
Select one: □ Broker □ REALTOF	R® □ Non-REALTC	OR® Sales Person	□ Unlicensed Staff/Admin		
If New Information (Plea	se Check) □ Address	□ Phone □ Email			
Name as it appears on Re	al Estate License				
Home Address					
DROPPED FROM: (Co	mnany Agent is leavin	og or transferring fra	nm)		
	☐ Leaving Company				
Select offe. Transfer	Leaving Company	□ Leaving Dusine	ss/Area - Crosing Office		
Office Name			Office Code		
Broker's Signature			Date:		
ADDED/TRANSFERR	ED TO: (Company As	gent is added or tran	sferred to)		
	□ Transfer	,• 10 00000 01 01 01			
			0.00 0 1		
Office Name			Office Code		
Broker's Signature			Date:		
□ Designated REALTOR® - Qualifying Broker □ REALTOR® No Add - Cannot Add/Edit listing data □ REALTOR® Add/Modify — Add/Edit listing data □ Office Admin - Unlicensed Admin □ Agent Assistant - Personal Assistant					
I authorize the transfer of	□ Active Listings	□Pending Listing	s to the agent listed above		
The lockboxes that are or list the lockbox numbers	<u> </u>	sferred will need to	be transferred as well. Please,		
	Signature of MLS B	roker transferring f	rom		

BOARD USE ONLY

Member/Supra #:	MLS ID:		
Completed by:	Date:		