



## MEMBERSHIP CHANGE FORM

**Member Name** (As shown on license): \_\_\_\_\_

DRE License Number: \_\_\_\_\_

Date: \_\_\_\_\_

### MEMBER CHANGE

\_\_\_\_\_  
Personal Name Change

\_\_\_\_\_  
**Change/Add Personal Email Address \*\*REQUIRED\*\***

\_\_\_\_\_  
Residence Change Street Address

\_\_\_\_\_  
Residence Telephone Number:

\_\_\_\_\_  
Residence City & Zip

\_\_\_\_\_  
Mobile Phone Number

### OFFICE CHANGE / TRANSFER

Office Change/Transfer\* (fill in both sides)

Office Name/Address/Telephone # Change

\_\_\_\_\_  
Previous Office Name

\_\_\_\_\_  
New Office Name

\_\_\_\_\_  
Previous Office-Street Address

\_\_\_\_\_  
New Office-Street Address

\_\_\_\_\_  
Previous Office-City, State & Zip Code

\_\_\_\_\_  
New Office-City, State & Zip Code

\_\_\_\_\_  
Previous Office-Telephone Number

\_\_\_\_\_  
New Office-Telephone Number

### ASSIGNMENT OF RESPONSIBILITY

Supra Key: Participant agrees to be jointly and severally liable with the Holder for the Supra Key issued to the Holder and participant certifies that the said key is in the possession of the Holder. Participant agrees that the foregoing responsibility may be discharged: (1) by notifying the Board in writing that the Holder has terminated association with the participant and notifying Holder in writing to notify the Association within 5 days of (2) filing with the Association on Assignment of Responsibility Form signed by the Holder and new participant or (3) return of the Supra Key and lock boxes by Holder.

### **ARBITRATION AGREEMENT**

I hereby agree, for myself and the firm for which I act, to binding arbitration of disputes with any member of this Association with any member of the California Association of REALTORS® in accordance with its rules and regulations or any clients covered by the Association rules.

\_\_\_\_\_  
Broker Participant's Name (Print)

\_\_\_\_\_  
Broker Participant's Signature

\_\_\_\_\_  
Broker Participant DRE Number

\_\_\_\_\_  
Date

#### \*Transfers Require Updated DRE Information

1651 North First St, San Jose CA 95112

Email to [membership@sccaor.com](mailto:membership@sccaor.com); Contact us at (408) 445-8500