



SOUTHERN TWIN CITIES ASSOCIATION OF REALTORS®

Member Change From

Date: _____

Member Name _____ Member ID _____

Please Check the Appropriate Change:

Personal Data Change

Complete this section to make changes to your personal information

Name (new or current) _____

Home Address _____ City, State, Zip _____

Home Phone _____ Office Phone _____ Cell Phone _____

Primary E-mail _____ Secondary E-mail _____

Transferring Offices

Complete this section if an agent is transferring from one office to another. A membership application needs to be completed if an agent is transferring to SPAAR from another Association.

Previous Office Name _____ Previous Office ID _____

New Office Name _____ New Office Office ID _____

Office Address _____ City, State Zip _____

E-mail Address _____ Preferred Phone _____

Broker/Responsible Member Signature _____

Cancelling SPAAR Membership

Check the appropriate box below to terminate an agent; license must be returned to the Department of Commerce - please attach copy of terminated license.

Office Name _____ Office ID _____

Office Address _____ City, State, Zip _____

Effective Date _____ If joining another association, please state which one _____

Reason for Cancellation:

- Transferred to a non-member Office
- Left Real Estate Industry
- Transferred to LFRO entity
- Put license on "ice"
- Deceased
- Other _____

Former Broker/Responsible Member Signature _____