



Member Change Form

Date: _____

Member Name _____

Member ID _____

Real Estate License Number _____

Please check the appropriate change:

Personal Data Change

Complete this section to update your personal information:

Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Preferred Phone _____

Email Address _____

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 SCAAR from another Association.

Previous office name _____ Previous Office ID _____

New Office name _____ New Office ID _____

Office Address _____

Agent's Email address _____

Agent's Preferred Phone Number _____

New Broker's Signature _____

Cancelling SCAAR Membership

Please indicate reason for cancellation below; please attach copy of terminated license or license transfer.

Office Name _____ Office ID _____

Office Address _____

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

Reason for cancellation:

Transferred to non-member office

License inactive

Left Real Estate industry

Other _____

Former Broker Signature _____