

MEMBERSHIP CHANGE FORM
ASSOCIATION AND/OR MLS

Today's Date: _____ Effective Date: _____

SECTION 1: OFFICE MEMBER ROSTER CHANGES

(Only Complete this Section if a Change Needs to be Made on the Office Roster)

Office Name: _____ Managing Broker Name: _____ Office ID: _____

The following change to this individual impacts my office roster as follows:

Transferring active individual from another office. (A \$75.00 transfer fee will be assessed to the licensee transferring offices in the MLS).

Reactivating inactive individual. (For individuals who have been inactive for thirty (30) days or less in the MLS, there is a reactivation fee of \$75.00.) Individuals who have been inactive for more than thirty (30) days in the MLS will need to complete new member paperwork and submit all fees and charges for new members.)

Deleting from the above office roster.

This Clerical User or Personal Assistant now has an active license and now needs to become licensee on my roster.

Name of individual transferring, reactivating, or inactivating: (Name): _____ FlexMLS ID: _____

NOTE: Depending on the day of the month this change is made, the transferring or reactivating individual may need to pay their MLS access fee for that month. MLS staff will issue an invoice with the appropriate amount and if necessary, credit the previous office.

Managing Principal Broker or Managing Appraiser initial here _____ if you would like the invoice for the above transfer fee, reactivation fee and/or first month MLS access fee sent to you electronically.

SECTION 2: MEMBER'S CONTACT INFORMATION CHANGES OR UPDATES

(Only Complete this Section if Individual's Contact Information is Changing)

Name Currently on File: _____ FlexMLS ID: _____ NRDS#: _____

Below, please **ONLY** complete the fields that you are authorizing Association/MLS staff to change.

Name Change* (First, Middle Initial, Last): _____

Home Physical Address (cannot be a PO Box): _____

Home Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Mail To (Select One): Home Office Preferred Contact (Select One): Mail Email

Fields of Business: Residential Commercial Appraisal Land Farm and Ranch

*Name changes must match your name with the Oregon Real Estate Agency/Oregon Appraisal Board or a DBA you have filed with the state agency. Please include a copy of the DBA filed with the appropriate agency if you are requesting a name other than that as it appears on your real estate or appraisal license.

Broker/Appraiser/Clerical User or Personal Assistant Signature: _____ Date: _____

TO BE COMPLETED BY THE MANAGING PRINCIPAL BROKER OR MANAGING APPRAISER IF SECTION 1 ABOVE IS COMPLETED

I, Managing Principal Broker (MPB) or Managing Appraiser hereby certify I have made the above reference change(s) with the Oregon Real Estate Agency or Appraisal Board and this change is reflected on my roster with the State of Oregon or with the individual licensees license if required.

MPB/Managing Appraiser Signature: _____ Date: _____

EMAIL COMPLETED FORM WITH SIGNATURES TO MEMBERSHIP@CASCADESEASTREALTORS.COM.

Association/MLS Staff Use Only:						
Change:	Inactive	Transfer	If Inactivate:	UA	MLS Only	ASSN Only
Charges:	Transfer Fee	MLS Dues:	Credit:	to		
Staff Notes:						