

I am requesting for the following change(s) to my membership:

- Transferring to a new firm Transferring to non-REALTOR status with firm
- License inactive with GREC Personal information change

**Based on your choice above, please complete one or both boxes below.

APPLICANT INFORMATION

Name: _____
RE License #: _____

Home Telephone: _____
Cell Phone: _____

Home Address: _____

City: _____ State ____ Zip _____

E-Mail Address: _____

Website Address: _____

NEW FIRM INFORMATION

Firm Name: _____

Business Phone: _____

Office Contact: _____

Firm Address: _____

City: _____ State ____ Zip _____

E-Mail Address: _____

Website Address: _____

Change Requested by: _____

Comments:
