

## Associate Information Form

*Please note: In accordance with the Bylaws of South Shore REALTORS®, Inc. Article VI, Section 6, REALTOR® Principals are required and must notify the Association in writing within five (5) days of an Agent's Office association or disassociation.*

Today's Date: \_\_\_\_\_

Please make the following change for the Agent listed on this form:

- Add this NEW agent to our roster and send an application and dues invoice. (Never been a REALTOR®.)
- Transfer this Agent from the following Realtor® Association: \_\_\_\_\_ to South Shore REALTORS®.
- Transfer this Agent from \_\_\_\_\_ to the Office listed below.
- Disassociate this Agent from our Office roster as of \_\_\_\_\_ (date).
- Reinstate this Agent to South Shore REALTORS® - Agent was a member in \_\_\_\_\_ (date).

**AGENT NAME** \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Real Estate License Number \_\_\_\_\_ Sales / Broker

**OFFICE NAME** \_\_\_\_\_

Office Address \_\_\_\_\_

Office City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Designated REALTOR®/Broker Owner Name** \_\_\_\_\_

\_\_\_\_\_  
**Designated REALTOR®/Broker Owner SIGNATURE**