

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: _____ Agent Start 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