



## Membership Change Form

Date: \_\_\_\_\_

Effective date of the change: \_\_\_\_\_

### Type of Change

Office Transfer

E-mail update

Other \_\_\_\_\_

### Current Information

Member Name: \_\_\_\_\_

### New Information

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: QBKS \_\_\_\_\_ AGENT \_\_\_\_\_ OFFC \_\_\_\_\_ NRDS \_\_\_\_\_ WEB \_\_\_\_\_ EMAIL \_\_\_\_\_

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