



Membership Change Form

Date: _____

Change Effective Date: _____

Type of Change

Office Transfer

E-mail update

Other _____

Member Name: _____

Name and Location of Previous Office: _____

New Information

Home address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

E-mail: _____

Signature: _____ Date: _____

For office use only: QBKS _____ AGENT _____ OFFC _____ NRDS _____ WEB _____ EMAIL _____

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