



Membership Change Form

744 Ryan Dr. Suite #103, Hudson, WI 54016 Phone: 715-381-4663 Fax: 715-386-8276

Member Name: _____ Member Number: _____

Please check the appropriate change:

Personal Data Change

Name changes, address changes, e-mail changes etc.

Name (new or current): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Direct Phone: _____ Cell Phone: _____

Indicate preferred phone: cell home office

Primary E-mail: _____ Secondary E-mail: _____

Firm Transfer

Indicate old and new firm along with the firm ID below. A membership application needs to be completed if you are transferring to WWRA from another Association.

Transferring from: (old firm) _____ Office ID: _____

Transferring to: (new firm) _____ Office ID: _____

Office street address: _____

City: _____ State: _____ Zip: _____

Termination

Reason for Termination – please check the appropriate box(es):

If agent is on the Supra Key program, equipment needs to be returned to WWRA upon termination. Supra will continue to bill key holders until equipment is returned and lease is terminated.

Transferred to another association

Transferred to a non-REALTOR® office

Transferred to a LFRO

Left real estate industry

Putting license on hold (ice)

Deceased

Name of person filling out this form: _____

Office Name: _____ Office ID: _____

Signature: _____ Date: _____

Signature required

Completed form can be faxed to the association at 715-386-8276 or mailed to the
Western Wisconsin REALTORS® Association at 744 Ryan Dr. Suite #103, Hudson, WI 54016
Email: Jean@WWRA.org / www.WWRA.org