



MEMBERSHIP INFORMATION FORM

To report all New/Reactivating Members and Member Information Changes

Board Name _____ Join/Change Date _____

Check one of the following actions:

Add Member Reactivate Member Drop Member Information Change
Transfer Member Name of Board Transferring From: _____

Check the Member Type:

Designated REALTOR® REALTOR® REALTOR® Associate
Salesperson Affiliate Institute Affiliate

Check the Board Type:

Primary Secondary - If Secondary, list Primary Board _____

Personal Information:

Full Name(as listed on license) _____

Nickname _____

NRDS# _____ License# _____

Home Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Office Information:

Office Name _____ Is this a new office? Yes No

Office Address _____

City/State/Zip _____

Office Phone _____ Office DR Name _____

Preferred Mailing Address: Home Office

Preferred Contact Phone: Home Cell Other _____

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