



**MEMBERSHIP CHANGE NOTICE**

_____			_____		
MEMBER NAME			NEW MEMBER NAME*		
_____			_____		
HOME ADDRESS			NEW HOME ADDRESS		
_____	_____	_____	_____	_____	_____
CITY	STATE	ZIP	NEW CITY	NEW STATE	NEW ZIP
_____	_____	_____	_____		
NRDS#	CELL PHONE		NEW CELL PHONE		
_____			_____		
EMAIL ADDRESS			NEW EMAIL ADDRESS		

**\*REQUIRES A COPY OF THE STATE LICENSE CERTIFICATE**

x \_\_\_\_\_  
Signature of Agent Date

I, the undersigned REALTOR®, am the employing Licensed Broker of Record and Designated REALTOR® (or authorized Office Manager) of the above applicant. I certify that he/she is fully trained and familiarized with the By-Laws, Rules and Regulations of the HUNTERDON/SOMERSET ASSOCIATION OF REALTORS®, Inc. I certify that all statements in the application are true to the best of my knowledge and that no material fact has been omitted or concealed.

x \_\_\_\_\_  
Signature of Designated REALTOR®/Manager Date