

OFFICE CHANGE FORM

This form is for your convenience in reporting any changes affecting your agents in your office.

Please print clearly.

DATE: _____ OFFICE NAME: _____

OFFICE LICENSE NUMBER: _____ OFFICE PHONE NUMBER: _____

OFFICE FULL ADDRESS: _____

OFFICE EMAIL: _____

***ALL New Agents must complete application at Apply.GMARonline.com**

DELETE AGENT From your office above

Agent Name:	License number:	What MLS provider?	Where is the agent going? (holding/back to state)

TRANSFER AGENT to office listed above if agent is already a GMAR member

Agent Name:	License number:	Email:	What MLS provider?

**** For the following please email Membership@GMARonline.com directly for special paperwork.***

- Office Address Change request
- Opening a NEW Branch Office
- Closing a Branch Office

Submit form to GMAR via email at Membership@GMARonline.com

Please allow for up to 24 hours to process your request.

