

AFFILIATE MEMBERSHIP CHANGE FORM

Transfer: _____

Inactivate: _____

Effective Date: _____

Affiliate Name: _____

Email: _____

Web Site: _____

Office Name: _____

Office Address: _____

Office Phone: _____

Office FAX: _____

Voice Mail: _____

Affiliate License# (if applicable) _____

MLS Keypad # (if applicable) _____

By signature below, the Elkhart County Board of Realtors and the MLS of Elkhart County, Inc., is authorized to fax material advertising the commercial availability or quality of any property, goods, or services deemed appropriate to the fax numbers listed above.

AFFILIATE SIGNATURE: _____

A \$50.00 PROCESSING FEE WILL NEED TO ACCOMPANY THIS TRANSFER REQUEST.

ECBOR OFFICE USE ONLY

Magic: _____

EmAIL Distribution: _____

SupraNet: _____

Website: _____