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MEMBER CONTACT INFORMATION CHANGE FORM

Attention Member: Complete form and return to LRRA at the address, fax or email listed above.

EFFECTIVE DATE: _____ NRDS #: _____

NAME: _____

OFFICE: _____

NEW ADDRESS: _____

CITY/STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: (_____) _____

FAX NUMBER: (_____) _____

I have notified the Arkansas Real Estate Commission (AREC) and the Central Arkansas MLS (CARMLS) office of the changes indicated above.

SIGNATURE & DATE: _____

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____