



# SAN FRANCISCO ASSOCIATION of REALTORS®

## REINSTATEMENT AND/OR CHANGE OF OFFICE/ADDRESS

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

### Check Change Request (Required):

#### IF YOU ARE A BROKER:

- Reinstating Membership
- Update Office Information

#### IF YOU ARE AN AGENT:

- Changing Offices/Brokers
- Reinstating Membership
- Office Branch Move

### **Please input updated information below:**

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

### **Personal Account Information:**

Home Address: \_\_\_\_\_

- Please check if you prefer your SFAR mail be sent to your Home Address

Home Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ URL: \_\_\_\_\_

\*\*Please provide email address for a confirmation email to be sent once processed.

- Please check if you prefer your SFAR mail be sent to your Email Address

DRE License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I certify that the licensee listed above is associated with me and further certify that I am empowered to bind this agent to arbitrate disputes with other members of the San Francisco Association of Realtors® or members of any association of REALTORS'® arbitration procedures and hereby agree to do so. Further, I understand that if during his/her period of affiliation with me this licensee fails to maintain membership in the San Francisco Association of Realtors®, my annual dues will be increased by an amount determined annually by the board of directors of the San Francisco Association of Realtors®.

**Broker Signature (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return Change of Office form to [Membership@sfbrokers.com](mailto:Membership@sfbrokers.com)