

GLAR Use: Date _____ Entered by _____ Office Code _____

CHANGE OF BROKER ADDRESS AND/OR OFFICE NAME

BROKER NAME _____

LICENSE NUMBER _____ OFFICE CODE _____

PREVIOUS:

FIRM NAME _____

ADDRESS _____

PHONE _____ FAX _____

NEW:

FIRM _____

ADDRESS _____

PHONE _____ FAX _____

EFFECTIVE DATE _____

SIGNED _____
(Principal Broker or Authorized Signature)

ATTACH A LIST OF EACH GLAR MEMBER ASSOCIATED WITH YOUR OFFICE AND INCLUDE
A CHECK IN THE AMOUNT OF \$25.00 FOR THE CHANAGE FEE AND RETURN TO:

Greater Lewisville Association of Realtors
997 S. Edmonds Lane, Lewisville, TX 75067
Ph. (972) 221-4606 Fax (972) 436-2184