



REALTOR® MEMBER INFORMATION FORM



Information requested on this form will be used for the North Dakota Association of REALTORS® and the National REALTOR® Database System (NRDS). By providing this information, you are ensuring that your personal record is accurate and that items of importance to you and your real estate business are sent and received in a timely manner.

****Please remit this form with a copy of your Real Estate license and a \$50.00 Office Transfer fee payment****

Williston Board of REALTORS® Office Transfer Form

| | | | |
|--|--|---|----------------|
| Member ID <i>(assigned by NDAR)</i> | | Date | |
| Last Name | | First Name | Middle Initial |
| ND Real Estate License # | Your Position: () Broker () Salesperson | | |
| New Office Name | | New Office Type: () Main () Branch | |
| New Office Address | | New Office City/State/Zip +4 | |
| Home Address | | Home City/State/Zip+4 | |
| Mailing Address (if different than home, i.e. Box) | | Mail City/State/Zip+4 | |
| Cell Phone | | Email | |

****Complete and return this form with a copy of your Real Estate license and a \$50 Office Transfer fee****

Please make check out to Williston Board of REALTORS®. Mail form, copy of license and fee to: Williston Board of REALTORS®, c/o NDAR, 318 W Apollo Ave., Bismarck, ND 58503

Signed _____

Date _____

| |
|--|
| For NDAR office use only: Date received _____ |
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