



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 \$75.00 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 \$75.00 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 Kylie Simonsen, PO Box 2372, Williston, ND 58802.

Member _____

Date _____

Designated REALTOR® _____

Date _____

For WBOR office use only: Date received _____ Date Processed _____
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