



REALTORS® of Central Colorado

Member Update and Change Form

Member Name: _____

Effective Date: _____ NRDS # _____

Phone #: _____ Cell Phone# _____

Current Email Address: _____

What type of Update or Change is this? (Check all that apply)

____ Member is transferring to a new office (**Page 2**)

____ Member's MLS listings need to be transferred (**Page 3**)

____ Member needs to set up a new office or firm (**A fee is required, Page 4**)

____ Member requests new or reactivated access to the either MLS Service
(**Pages 4 and 5**)

____ Member needs to update personal or contact information update (**Page 5**)

____ Other: _____

Member Is Transferring to a New Office

Effective Date: _____

New Email Address: _____

Office Transferring To: _____

Office Location: _____

Do you use the IDX Services on your website? (*) **Yes** **No**

If 'Yes', what is your website address? _____

*If Yes:

Contact REcolorado
(877) 638-7657
Email: support@REcolorado.com

Member Signature: _____ **Date:** _____

New Employing Broker's signature: _____ **Date:** _____

MLS Listing Transfer

Please Provide MLS Listings to be transferred:

MLS # _____	MLS # _____	MLS # _____	MLS # _____
MLS # _____	MLS # _____	MLS # _____	MLS # _____
MLS # _____	MLS # _____	MLS # _____	MLS # _____
MLS # _____	MLS # _____	MLS # _____	MLS # _____
MLS # _____	MLS # _____	MLS # _____	MLS # _____
MLS # _____	MLS # _____	MLS # _____	MLS # _____
MLS # _____	MLS # _____	MLS # _____	MLS # _____
MLS # _____	MLS # _____	MLS # _____	MLS # _____

Original Employing Broker's signature: _____ **Date:** _____

New Employing Broker's signature: _____ **Date:** _____

Note: Both employing Brokers signatures are required listings are being transferred. If no listings are being transferred, just the New Employing Broker's signature is required.

Note: Original Employing Broker releases the listings and the new employing broker is accepting the listings.

Member Needs to Set up New Office or Firm, and/or
Member Requests New/Reactivated Access to MLS Service

COMPANY INFORMATION:	IS THIS IS A NEW FIRM IN THIS ASSOCIATION Yes ____ No ____		
Office Name:			
Office Address City, State, Zip			
Employing Broker			
Office Manager			
Firm Website Address:			
Office Phone:		Fax:	

MLS Participation Agreement
 (Sign and Date if requesting access to the MLS system)

I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and regulations and other obligations of participation, including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as board/association members, as established in the *Code of Ethics and Arbitration Manual*, including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the board/association. I understand that a violation of the Code of Ethics may result in suspension or termination of MLS rights and privileges and that I may be assessed an administrative processing fee not to exceed \$500 which may be in addition to any discipline, including fines, that may be imposed.

Signature: _____ Dated: _____

Employing Broker's Signature: _____ Dated: _____

NOTE: MLS Fees will be billed to your employing Broker Monthly.

Member Needs to Update Personal or Contact Information

PERSONAL INFORMATION:					
First Name		Middle Name			
Last Name		Suffix: Jr, III, Sr, Etc.			
Nickname (DBA):					
Date of Birth:					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Personal Fax:					
E-mail Address:					
Secondary E-mail:					
Real Estate License #					
Licensed/Certified Appraiser: Yes ___ No ___		Appraisal License #			
NRDS#					

PREFERRED MAILING/CONTACT INFORMATION:					
Desired Password for Association Site (Otherwise, this will be your last name.):					
Preferred Phone: ___ Home ___ Office ___ Cell					
Preferred E-mail: ___ Primary E-mail ___ Secondary E-mail					
Preferred Mailing: ___ Home ___ Office ___ Other					
Mail Publications to: ___ Home ___ Office ___ Other					
Other Mailing Alternate:					
Address:					
City:		State:		Zip:	
Member Website Address:					