

# CLS Membership Change Form



## Transaction Type (Check action requested):

- Change Broker / Employer  
 Become Inactive/Terminate (must include DBPR form)  
 Terminate Employee  
 Other: \_\_\_\_\_
- Reinstate Membership (within 30 days)  
 Change OFFICE address  
 Transfer Office - All

### Personal Information (Complete all):

\*Name: \_\_\_\_\_  
(as shown on License) Last First Middle Nickname

\*Real Estate License No: \_\_\_\_\_ \*Expires: \_\_\_\_\_ \*Rank: \_\_\_\_\_

\*Home Address: \_\_\_\_\_  
Street Apt. No. City State Zip Code

\*Preferred Mailing Address: \_\_\_\_\_ \*Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Preferred Contact Number for CLS / other Agents: \_\_\_\_\_ Gender: \_\_\_\_\_

### Broker Office Information:

#### Current Broker Office Information:

\*Participation (Broker) Office Name: \_\_\_\_\_

**CURRENT OFFICE ADDRESS:** \_\_\_\_\_  
(Physical address) Street Suite# City State Zip Code

**CURRENT OFFICE PHONE:** \_\_\_\_\_ **CURRENT OFFICE FAX:** \_\_\_\_\_ PLS Broker ID#: \_\_\_\_\_

Transfer ONLY agent above  Transfer ALL Agents & Listings (Top must be Qualifying Broker of current office)

#### New Broker Office Information:

\*Participation (Broker) Office Name: \_\_\_\_\_

**NEW OFFICE ADDRESS:** \_\_\_\_\_  
(Physical address) Street Suite# City State Zip Code

**NEW OFFICE PHONE:** \_\_\_\_\_ **NEW OFFICE FAX:** \_\_\_\_\_ PLS Broker ID#: \_\_\_\_\_

If you have a partnership with another agent, give name: \_\_\_\_\_

Should partner be able to view / edit your transactions?: \_\_\_\_\_

\* Denotes Required Fields - Application will NOT be processed without this information

**\*Payment:** (Completed applications will be processed 24hrs. to 48hrs. upon receipt of payment)

In Full Enclosed  Check  Bill My Credit Card  
(Upon receipt of this application with your requesting credit card payment, you will be receiving an e-mail / invoice from CLS)

### SIGNATURES ON NEXT PAGE

# CLS Membership Change Form



**Attest Statement** – Requires Signature of Broker AND/OR Associate (Office Transfer All – requires both Qualifying Brokers)

I affirm that I have provided the above information completely and truthfully to the best of my knowledge. **If this is a Broker Office merger / transfer please file a written request of what to do with the Current Broker Office CLS Shares per Section 7 (c) of the CLS Bylaws. Also Broker Office merger / transfer must have new CLS Broker Office Membership Application attached.** As a CLS Member I grant The Central Listing Service at Ocean Reef the right to permission based email marketing – as with all members, I am aware that I am provided the opportunity to unsubscribe per the CAN-SPAM Act.

**ASSOCIATE:**

**PARTICIPATION (BROKER) MEMBER:**

I certify that I am an active PARTICIPATION member in the Central Listing Service at Ocean Reef, Inc. I have reviewed this form and certify that the applicant is presently licensed with this firm and I hereby request the above change.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_