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AFFILIATE MEMBER CHANGE FORM

Office Change of Address _____ New Office _____ Reinstatement _____
(Please check which applies)

Change of Company Name _____

Date: _____

Affiliate Name: _____

Title: _____ Specialization (max of 3) _____

Past Office Name: _____

_____ Address _____ Zip _____

Present Office _____
Name _____

_____ Address _____ Zip _____

Phone # _____ Fax # _____ Cell # _____

E-mail Address _____ Publish on LBAR website? (Y) _____ (N) _____

Website Address _____

I hereby grant LBAR my express written consent to contact me at their discretion by U.S. mail, fax, telephone, or e-mail. I understand that by providing my street address, e-mail address, telephone number(s), and fax number(s), I consent to receive communications sent from LBAR via regular U.S. mail, e-mail, telephone, or facsimile at those numbers/locations.

Signature: _____

****\$25.00 must accompany this form for new office transfer.**

Please make check payable to: LBAR

Staff Only:
Affiliate List: _____
Affiliate Roster: _____
Avecetra: _____
Company NRDS# _____
Personal NRDS# _____
Website Roster: _____
Constant Contact Email: _____
Zoho: _____

BOD Approval:



10/22/2015

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