



## MEMBER CHANGE FORM

Please use this form when an agent transfers into your office from another office or when an agent leaves your office to help us keep our records up to date.

It is not needed for a brand new agent joining your office as they will fill out a membership application.

Transfer: \_\_\_\_\_ Delete: \_\_\_\_\_ Reactivate: \_\_\_\_\_

Date: \_\_\_\_\_

Member Full Name: \_\_\_\_\_

If Member Transfer, complete the items below:

Old Office Name: \_\_\_\_\_

City: \_\_\_\_\_

New Office Name: \_\_\_\_\_

City: \_\_\_\_\_ Effective Date: \_\_\_\_\_

For Deletes, complete items below:

Reason for deletion:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Broker/Office Manager

Please fax to Mid-State to help keep our records up to date. Thank you for your assistance.  
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