



NORTHSHORE AREA BOARD OF REALTORS®
 301 Hwy 190 N., # B6 Covington, LA 70433
 Phone 985/892-5200 Fax 985/892-5204
 patricia@nabors.org or kathy@nabors.org
 www.nabors.org

STATUS CHANGE FORM B

**TRANSFERRING BROKERS, BOARD CHANGES and
 REACTIVATION OF MEMBERSHIP (B)**

Please Print

Today's Date: ____ / ____ / 20____ NRDS # _____

Member Name: _____ Contact Phone: (____) _____ - _____

Current e-mail: _____ Has your e-mail address changed within the last year? _____

Date of Birth: _____ Real Estate License # _____

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Please submit your payment with this form. Any checks returned for insufficient funds or credit card denial will be assessed a \$25 NSF fee per attempt.

Change #4: TRANSFERRING BROKERS (WITHIN NABOR) SUBMIT \$25 for company Transfer Fee

Your former Company Name: _____

New Company's Name: _____ New Broker's Name: _____

Address: _____
 Street City State Zip

Office Phone: (____) _____ - _____ Fax: (____) _____ - _____

Your preferred e-mail: _____

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Change #5: BOARD CHANGES

PRIMARY Board change: (Check the one that applies)

____ Designate NABOR as my Primary Board -- SUBMIT the following.

1. Completed NABOR Application
2. \$ 25 Transfer Fee
3. Copy of current, active Louisiana real estate or appraiser license
4. Copy of current driver's license
5. Pro-rated Current NABOR Dues
6. Letter of Good Standing from former board - Name of Former Board _____

____ Terminate my membership in NABOR - My Primary Board now is _____

SECONDARY Board change:

____ Designate NABOR as my Secondary Board - SUBMIT the following:

1. Completed NABOR Application
2. \$ 50 Application Fee
3. Copy of current, active Louisiana real estate or appraiser license
4. Copy of current driver's license
5. Pro-rated Current NABOR Dues
6. Letter of Good Standing from former board - Name of Former Board: _____

____ Terminate my secondary membership in NABOR

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Change # 6: REACTIVATION of membership

If for any reason membership lapses during the year - a \$50 reinstatement fee is due at time of reinstatement.

If membership lapses over one (1) calendar year, all dues apply as if person were coming in as a new member.

Attendance at the next New Member Orientation is also mandatory.

EFFECTIVE DATE of changes: _____ MEMBER Signature: _____

BROKER NAME _____ and Signature: _____
 Print

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Please submit check payable to NABOR or Fill in the information below to use a Visa or Mastercard

Name as it appears on your credit card: _____

Credit Card billing address: _____
 Street City State ZIP

Credit Card Number: _____ Expiration Date: _____

Amount Authorized: \$ _____ Signature of Authorization: _____