



NORTHSHORE AREA BOARD OF REALTORS®
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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 # _____

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: _____

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 Primary board - Name of Primary Board: _____

Terminate my secondary membership in NABOR

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 & procedures apply as if person were coming in as a new member. Attendance at the next New Member Orientation is also mandatory.

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.

EFFECTIVE DATE of changes: _____ MEMBER Signature: _____

BROKER NAME _____ and Signature: _____
 Print

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: _____