

PLEASE USE THIS FORM TO COMMUNICATE MEMBERSHIP CHANGES TO
REALTORS® Commercial Alliance of Massachusetts, Inc.
Phone 978/458-2901; Fax 978/970-0443; www.rcama.com

NEW SALESPERSON IN A MEMBER OFFICE

Salesperson's Name _____

Company Name _____

Office Address _____

Date of Affiliation _____

Real Estate License Number _____

OFFICE TRANSFER

Salesperson's Name _____

Real Estate License Number _____ Transfer Date _____

Transferred to _____

Address _____

Telephone _____ E-Mail _____

Transferred from _____

Address _____

TERMINATION

Salesperson's Name _____

Real Estate License Number _____

Date Terminated _____

Company Name _____

Address _____

Reason: Retirement _____ Office Transfer _____ Board Transfer _____ Left the business _____

Deceased _____ Other _____

PRINCIPAL'S SIGNATURE _____ DATE _____