



3690 Elizabeth Street, Riverside, CA 92506
8711 Monroe Court, Suite B, Rancho Cucamonga, CA 91730
Member Services: 951-684-1221 Fax: 951-684-0450
Website: www.ivaor.com

INFORMATION CHANGE FORM

Effective Date of Change: _____

Agent Name: _____ Member No.: _____

Email Address: _____

Website: _____

[] Change of Name: From _____ to _____

[] Change of Home Address: _____

[] Change of Mobile No.: _____

[] Change of Home Phone No.: _____

[] Termination from Office / Date of Termination: _____

[] New Office Name: _____ Office Phone No.: (____) _____

Office Address: _____

I, as the Designated Participant, am giving the subscriber named above the authorization to [] search, [] add, [] modify [please check appropriate function(s)] listings on my behalf.

PAYMENT INFORMATION (ONLY IF NECESSARY) Reinstate/Reactivate \$50
I authorize the Inland Valleys Association of REALTORS® to debit my credit/debit card for the amount of \$_____
[] Visa [] MasterCard [] Discover [] American Express
Account No.: _____ Expiration Date: _____
Enclosed is my check No.: _____ for \$_____

Designated Broker / Participant Signature (required with transfer or reinstatement/reactivation) _____ Date _____

Agent/Subscriber Signature _____ Date _____

(Info chg form.doc -revised 6/6/11)

SIGN AND FAX TO 951-684-0450

