

Sussex County Association of REALTORS®

23407 Park Avenue, Georgetown, DE 19947

Phone: 302-855-2300 Fax: 302-855-2319

Check the appropriate box

REALTOR® CHANGE FORM

TRANSFER to a new office. Complete Sections 1, 2, and 3. **Must also include:**
Credit card authorization in amount of \$50. If a credit card is on file in your member portal, the fee will be charged on the card if no CC authorization form is sent in.
Confirmation from DelPros showing you requested the change in their records. Dpr.delaware.gov

INACTIVE/TERMINATION: Complete Section 1 & 2. **Must also include:**
Confirmation from DelPros showing you requested the change in their records. Dpr.delaware.gov

NAME CHANGE/ADDRESS CHANGE/LICENSE CHANGE: Complete Section 1.

REINSTATEMENT: Complete Section 1 & 3. **Must also include:**
Credit card authorization in amount of \$50. Reinstatement is allowed only if reinstating within 6 months. (Dues may be assessed also). Contact SCAOR for the correct amount due with this request.

SECTION 1- MUST BE COMPLETED

REALTOR® Name: _____ License #: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

If changing name: Name Change from _____ to _____

SECTION 2 - the RELEASING BROKER MUST complete this section.

Office Name: _____

Address: _____ City: _____ Zip: _____

Releasing Broker Signature: _____ Date: _____

SECTION 3 – the NEW BROKER MUST complete this section.

Office Name: _____

Address: _____ City: _____ Zip: _____

Agent's New Email Address to be changed to: _____

New Broker Signature: _____ Date: _____

Credit Card Authorization Attached. Complete and email mary@scaor.com

rev. 2/3/2022

Credit Card Authorization Form

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ Amex

Credit Card Number: _____

Expiration Date: _____

Amount to Charge: \$ _____ (USD)

I authorize Sussex County Association of REALTORS® to charge the agreed amount as stated above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Name: _____

Signed: _____

Dated: _____

Credit Card Authorization Attached. Complete and email mary@scaor.com