



MEMBER CHANGE FORM

Instructions:

- **Email:** Complete, save, and email the form to info@wsgvar.com.
- **Mail:** Complete, print, mail the form to WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776
- **Fax:** Complete, print, fax the form to WSGVAR at 626-288-7658

Name: _____ Member #: _____

PLEASE FILL OUT THE APPROPRIATE CHANGES BELOW:

OLD Information	NEW Information
OFFICE	
Name:	
Address:	
Phone:	
Fax:	
Website:	
E-Mail:	
AGENT	
Name	
Home Address	
Home Phone	
Cell Phone	
Website	
E-Mail	
PREFERRED Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Office	

If you have LISTINGS that need changes, please provide the LISTING #. Future listings will have new info.

Member Signature: _____ Date: _____

FOR ASSOCIATION OFFICE USE ONLY

Member #: _____ Magic: _____ CRMLS: _____ Listing: _____ SUPRA: _____