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MEMBER NAME CHANGE FORM

Attention Member: Complete form and return to LRRA at the address, fax or email listed above.

EFFECTIVE DATE: _____ MEMBER ID #: _____

NAME ON FILE: _____

CHANGE NAME TO: _____

OFFICE: _____

EMAIL: _____

I have notified the Arkansas Real Estate Commission (AREC) and the Central Arkansas MLS (CARMLS) office of the changes indicated above.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____