

Member # _____

Office # _____

Clerical User Change Form

Fax or Email completed form to Admin Center	Amador AOR (209) 223-3876 / acar@metrolist.net	Nevada AOR (530) 272-2646 / ncaor@metrolist.net
	Central Valley AOR (209) 858-1709 / cvar@metrolist.net	Placer AOR (916) 624-8023 / pcar@metrolist.net
	El Dorado AOR (530) 676-0180 / edcar@metrolist.net	Sacramento AOR (916) 283-8812 / sar@metrolist.net
	Lodi AOR (209) 368-8289 / lar@metrolist.net	Sutter-Yuba AOR (530) 674-4304 / nyaor@metrolist.net
	LAR Modesto Branch (209) 523-5317 / modesto@metrolist.net	Yolo AOR (530) 666-7444 / ycar@metrolist.net

Old / Current Information Required	First Name _____ Middle Initial _____ Last Name _____ Office Name _____ MLS Office ID _____ Office Address _____ City _____ State _____ Zip Code _____ Responsible Participant/Subscriber _____
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Type of Change	<input type="checkbox"/> Change of office or broker AND/OR <input type="checkbox"/> Change of Participant/Subscriber responsible for Billing
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New Office Affiliation and/or Responsible Participant/Subscriber	<p style="text-align: center;"><i>*If changing Brokerage, Clerical User may be subject to a Background Check (additional fee and service interruption)*</i></p> Office Name _____ MLS Office ID _____ Office Address _____ City _____ State _____ Zip Code _____ Office Phone () _____ Office Fax () _____ The following Participant/Subscriber will be taking responsibility for my MetroList Billing: Participant/Subscriber Name _____ Participant/Subscriber MLS ID _____
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Required Signatures	_____ Clerical User Signature	_____ Print Clerical User Name	_____ Date
	_____ Responsible Participant/Subscriber Signature <small>(Only if changing "Billing")</small>	_____ Print Participant/Subscriber Name	_____ Date
	_____ Participant Signature <small>(Only if changing broker/office)</small>	_____ Print Participant Name	_____ Date