

**Northern Wasatch Association of REALTORS®**

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**OFFICE STATUS FORM**

**PLEASE CHECK APPLICABLE SQUARES:**

- Real Estate Office     REALTOR®/Appraiser     Affiliate
- New     Reactivate     Change Address/Name/Phone     Drop/Inactive

|                   |
|-------------------|
| Office ID#: _____ |
|-------------------|

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

ALT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
(If different, is alt address: Billing Mailing)

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ ALT PHONE # \_\_\_\_\_

**REAL ESTATE OFFICES ONLY:**

Change of broker? Yes \_\_\_ No \_\_\_ BROKER \_\_\_\_\_  PB  BB

**AFFILIATE MEMBERS ONLY:**

REPRESENTATIVE: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_ E-mail address: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTES: \_\_\_\_\_

AMOUNT RECEIVED \$ \_\_\_\_\_ CK # \_\_\_\_\_

(PLEASE RETURN ALL COPIES) White: Personal File - Yellow: Accounting - Pink: Member

**FOR OFFICE USE ONLY**

- RAP     SUP     NAR