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Membership Amendment Form This form may be used to submit changes to Member contact information already on file with MCAR. Reproduce and use for each licensee who is transferring to or departing from your office. Return to MCAR via Fax at 732-442-7323

□ Membership Transfer □ Information Change

Today's Date:		
NRDS # (if available):		
Association (current or forme	er):	_
NJ Real Estate License Refe	erence Number:	
Licensee's Name:		
If there has been a legal cha	nge to the name, please note here:	
Licensee's Home Address:		
City:	State: Zip Code:	
Home Phone:	Home Fax: Cell P	'hone:
Licensee's Email Address:		-
(Name of Licensee)	's license was returned to NJREC on	(Effective Date)
(Name of Licensee)	's license was transferred to(Name and I	ocation of Office)
Signed by:		
(Signature of Broker/Manager)		
(Print Name of Broker/Manager)		

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