

**Northern Wasatch Association of REALTORS®**

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**OFFICE STATUS FORM**

**PLEASE CHECK APPLICABLE SQUARES:**

Real Estate Office     REALTOR®/Appraiser     Affiliate     Participating Affiliate

New     Reactivate     Change Address/Name/Phone     Drop/Inactive

Office ID#: \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
(If different)  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_

**REAL ESTATE OFFICES ONLY:**  
Change of branch broker? Yes \_\_\_\_\_ No \_\_\_\_\_      BROKER \_\_\_\_\_

**AFFILIATE MEMBERS ONLY:**  
REPRESENTATIVE: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
ALTERNATE: \_\_\_\_\_

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

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

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

**FOR OFFICE USE ONLY**

RAP     MLS     LET  
 BN     PD     AB

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