

## AFFILIATE OFFICE/REPRESENTATIVE INFORMATION/CHANGE FORM

Please complete the information below, sign and return to the Association Office by email to Deven@havasurealtors.com or by fax to 928.855.5255.

□ Affiliate Office Information Change (N/C)

□ Add/Remove Affiliate Representative(s) (N/C)

## Affiliate Office Information

Office Name:	
Address:	
City:	State:Zip:
Phone:	_ Fax:
Email:	_ Website:

Affiliate Representative Information:			Circle One
Contact:	Email:	_ Phone:	Add/Remove
Contact:	Email:	Phone:	Add/Remove
Contact:	Email:	Phone:	Add/Remove
Contact:	Email:	Phone:	Add/Remove
Contact:	Email:	Phone:	Add/Remove

Signature:

(Authorized Representative)



Date:

