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AFFILIATE MEMBERSHIP UPDATE FORM

UPDATE PERSONAL INFORMATION

UPDATE/CHANGE OFFICE INFORMATION

Member Name: _____

Name Change: _____

Previous Office: _____

New Office Name: _____

New Office Address: _____ City: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Affiliate E-mail: _____

Affiliate Website: _____

Which do you want as a primary mailing address? Firm Home Other

Which do you want as a primary phone number? Firm Home Cell

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

CHAPTER PREFERENCE: *If preference is not indicated below chapter preference will be determined by your office location.*

Please **select one primary Chapter**: (select any additional secondary chapters)

Lake County
Mendocino County
Napa County
North Sonoma County

Petaluma
Rohnert Park/Cotati
Russian River
Santa Rosa

Sebastopol
Sonoma Valley
Windsor
None - Out of Area

Signature: _____ Date : _____