



**MEMBERSHIP  
APPLICATION/CHANGE/  
TRANSFER FORM**

Remit to:  
RANM Membership Services  
FAX (505)983-8809 (505)982-2442 2201  
Brothers Rd, Santa Fe, NM 87505

**SECTION A - APPLICANT INFORMATION**

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: ☐ M ☐ F  
Home or Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Preferred Mailing Address: ☐ Home ☐ Office Date of Birth: \_\_\_\_\_ MM/DD/YY  
Expertise: ☐ Appraisal ☐ Auction ☐ Brokerage ☐ Comm/Invest ☐ Prop Mgmt ☐ Residential Sales ☐ Manager  
Affiliate Member: \_\_\_\_\_

**SECTION B - OFFICE INFORMATION**

Board Name: \_\_\_\_\_  
Member NRDS #: \_\_\_\_\_ NMREC #: \_\_\_\_\_ Other#: \_\_\_\_\_  
Office Name: \_\_\_\_\_ Office ID#: \_\_\_\_\_  
Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Is Office part of a Franchise? ☐ Yes ☐ No Franchise Name: \_\_\_\_\_  
Office Non-Member Count (DR only) \_\_\_\_\_ Principal Office ☐ Yes ☐ No Board Jurisdiction ☐ Yes ☐ No

**SECTION C - MEMBERSHIP/OFFICE INFORMATION**

TRANSACTION TYPE: ☐ ADD ☐ DROP ☐ CHANGE ☐ TRANSFER ☐ RE-STATEMENT  
Start/Drop Date of Board Membership: \_\_\_\_\_ MM/DD/YY  
MEMBER TYPE: ☐ DR (Designated REALTOR®) ☐ R (REALTOR®) ☐ RA (REALTOR® Associate)  
☐ SP (Non-Member Salesperson) ☐ IA (Institute Affiliate) ☐ AFF (Affiliate) \_\_\_\_\_  
O (Other) explain: \_\_\_\_\_

**SECTION D - CHANGE/TRANSFER INFORMATION**

NEW OFFICE NAME: \_\_\_\_\_  
NEW NAME CHANGE: \_\_\_\_\_  
NEW ADDRESS CHANGE: \_\_\_\_\_  
NEW EMAIL ADDRESS: \_\_\_\_\_  
TRANSFER TO NEW OFFICE: \_\_\_\_\_  
TRANSFER TO NEW BOARD: \_\_\_\_\_  
TRANSFER TO NEW ASSOCIATION: \_\_\_\_\_