



GUAM ASSOCIATION OF REALTORS®

Office Record

Please fill out the following information:

OFFICE POINT OF CONTACTS

PRIMARY

LAST NAME:
(If other than the Principal)

FIRST NAME:

EMAIL ADDRESS:

CONTACT #:

ALTERNATE

LAST NAME:

FIRST NAME:

EMAIL ADDRESS:

CONTACT #:

POINT OF CONTACT FOR THE FOLLOWING

BILLING:

MEMBERSHIP:

OTHER SERVICES:

HEALTH
INSURANCE
(STAYWELL):

OFFICE
PHYSICAL
ADDRESS:

OFFICE MAILING
ADDRESS:

OFFICE WEBSITE

OFFICE FAX #:

SOCIAL MEDIA ACCOUNT

01.11.2023