



## MEMBERSHIP TRANSFER FORM

**ALL BLANKS MUST BE COMPLETELY FILLED OUT**

Once the application is completed, please email to Membership to be processed.  
Access to all online services will be granted in approximately 1-2 business days.

### AGENT INFORMATION

Name:

Billing Address:

City:

State:

ZIP Code:

Email:

Phone:

### REAL ESTATE LICENSE INFORMATION

Name as it appears on License:

License #:

Exp. Date:

License Type:

### NEW OFFICE INFORMATION

First & Last Name:  
(Broker)

License #:  
(Broker)

Office Name:

Address:

City:

State:

Zip Code:

Office Phone:

Office Fax:

### OLD OFFICE INFORMATION

First & Last Name:  
(Broker)

Office Name:

Agent's Signature: