



OFFICE TRANSFER FORM

Signature of new "DR" (aka "Designated REALTOR") required below

Your Information:

First: _____

Last: _____

Cell: _____

Lic # DRE # _____

Brokerage you are leaving:

Company Name _____

NEW Brokerage Information (required)

Company Name: _____

Office address / or branch _____

Your new pref. mailing address: Home or Office _____

Email MAR/CAR/NAR should use to contact you: _____

New Office Direct Phone: _____

Preferred Fax (if any) _____

NEW Designated Realtor SIGNATURE (required) _____ Date: _____

NEW Designated Realtor PRINT NAME _____

Office Transfer - \$30 Processing Fee

Signature _____ **Date** _____

Name on Credit Card (print) _____

Credit Card # _____ Exp. Date: _____ CID Code: _____

** Any changes to a member record will be verified by MAR before the member can become active. This may affect member's status and ability to access member benefits.*

Please return completed form to:

Membership Coordinator
23805 Stuart Ranch Road, Malibu, CA 90265
Phone: 310.456.5566 Fax: 310.456.1809
membership@maliburealtors.org