



# ARCADIA ASSOCIATION OF REALTORS®

## Office Transfer Form

**Transfer Fee: \$25**

### Previous Information

Name: \_\_\_\_\_ MLS ID#: A \_\_\_\_\_

Former Office: \_\_\_\_\_

Agent Email: \_\_\_\_\_

Date: \_\_\_\_\_

### New Information

New Office: \_\_\_\_\_ MLS Office Code: \_\_\_\_\_

Address: \_\_\_\_\_

Agent Email: \_\_\_\_\_

Agent Cell Phone#: \_\_\_\_\_ Agent Home Phone#: \_\_\_\_\_

Signature of New Broker: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### Payment Type

MasterCard       Visa

C.C.: \_\_\_\_\_ CID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### FOR ASSOCIATION OFFICE USE ONLY

Membership       MLS       Supra       NRDS       Bookkeeper